2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # >P95000077743 May 24, 2000 8:00 am 1. Entity Name Secretary of State 05-24-2000 90148 030 ***150.00 FRATELLI FASHIONS, INC'., Principal Place of Business Mailing Address 7551-B N. KENDALL DRIVE DADELAND MALL MIAMI, FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-619256 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT N. PELIER, ESQ. Street Address (P.O. Box Number is Not Acceptable) 1431 PONCE DE LEON BLVD., CORAL GABLES, FL 33134 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT TITLE XX Delete TITLE PRESIDENT XI Change Addition NAME GUISEPPINA NACCARATO NAME YADIRA PASARIN STREET ADDRESS STREET ADDRESS 7551-B KN. KENDALL DRIVE 7551-B N. KENDALL DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33156 MIAMI, FL 33156 Delete Change TITLE ☐ Additio TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Additio TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete Additio ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change TITLE ☐ Delete THEF Additio. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURES