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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000079919 (3)**

1. Corporation Name:
THRIFT FASHIONS, INC.

Principal Place of Business
3153 W HALLANDALE BEACH BLVD
PEMBROKE PARK FL 33009

Mailing Address
3153 W HALLANDALE BEACH BLVD
PEMBROKE PARK FL 33009-5121

3. Date Incorporated or Qualified: **10/16/1995**
3a. Date of Last Report: **02/29/1996**

2. Principal Place of Business
21 **THRIFT FASHIONS INC.**
Suite, Apt. # etc.
22 **3153 W. Hallandale B. B.**
City & State
23 **Pembroke Park, FL 33009**
Zip 24 Country 25

2a. Mailing Address
26 **THRIFT FASHIONS INC.**
Suite, Apt. # etc.
27 **3153 W. Hallandale B. B.**
City & State
28 **Pembroke Park, FL 33009**
Zip 29 Country 30

4. FEI Number: **59-3443841** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CASSAR, KARINA
5520 WEST FLAGLER STREET
SUITE C
MIAMI FL 33134

10. Name and Address of New Registered Agent
81 Name: Denny Grass CPA
82 Street Address (P.O. Box Number is Not Acceptable): 10001 NW 50 ST #204
83
84 City: Sunrise FL 85 Zip Code: 33351

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] (NOTE: Registered Agent signature required when reinstating) DATE: 3/3/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DEUSMAR DA SILVA, MARIA	1.2 NAME	
STREET ADDRESS	~~317 SW 10TH STREET, #2~~	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~HALLANDALE FL~~	1.4 CITY-ST-ZIP	
TYPE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	20749 NW 9 ct	2.2 NAME	
STREET ADDRESS	Bldg 4 apt 108	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	33169-6809	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TYPE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TYPE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TYPE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Maria Deusmar da Silva 03-25-97 X 884262626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #