FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 26 PM 3:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000015834 (0)**

1. Corporation Name
FABIOLA FASHIONS, INC.

Principal Place of Business
6363 N.W. 6TH WAY
SUITE 210
FT. LAUDERDALE FL 33309

Mailing Address
6363 N.W. 6TH WAY
SUITE 210
FT. LAUDERDALE FL 33309-6136

2. Principal Place of Business
21 2400 W 3 Court
22 Suite, Apt. #, etc. Bay #1
23 City & State Hialeah FL
24 Zip 33010 25 Country USA

2a. Mailing Address
26 2400 W 3 CT
27 Suite, Apt. #, etc. Bay #1
28 City & State Hialeah FL
29 Zip 33010 30 Country USA

3. Date Incorporated or Qualified 02/20/1996

3a. Date of Last Report N/A

4. FEI Number 65-0645086 ☐ 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
COLEMAN, ANTHONY G JR
6363 N.W. 6TH WAY
SUITE 210
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
81 Name FABIOLA VANDERVEEN
82 Street Address (P.O. Box Number is Not Acceptable) 2400 W 3 Ct
83 Bay #1
84 City Hialeah FL 85 Zip Code 33010

11. Pursuant to the provisions of Section 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 Fabiola VanderVeen 4/30/97 Fabiola VanderVeen
(Registered agent's typed or printed name of registered agent and title if applicable) (NOTE: Registered agent's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	COLEMAN, ANTHONY G JR	
STREET ADDRESS	6363 N.W. 6TH WAY SUITE 210	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	☒ Change ☐ Addition
12 NAME	FABIOLA VANDERVEEN	
13 STREET ADDRESS	2400 W 3 CT Bay #1	
14 CITY-ST-ZIP	HIALEAH, FL 33010	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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 4/30/97 Fabiola VanderVeen