

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000023404 (2)**

**1. Corporation Name  
KULTURE KLOTHES BY ISIS, INC.**



**Principal Place of Business Mailing Address  
18327 NW 7TH AVENUE MIAMI FL 33169  
18327 NW 7TH AVENUE MIAMI FL 33169-4437**

**3. Date Incorporated or Qualified 03/11/1996  
3a. Date of Last Report**

**2. Principal Place of Business 2a. Mailing Address**

**4. FEI Number 65-0649668  
Applied For Not Applicable**

**21 Suite, Apt. #, etc. 22 18327 NW 7TH AVENUE  
27 18327 NW 7TH AVE  
23 City & State MIAMI FLORIDA  
28 MIAMI FLORIDA**

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

**24 Zip 33169 25 Country DADE  
29 33169 30 DADE**

**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**

**10. Name and Address of New Registered Agent**

**MCNAUGHT, MAISIE  
18327 NW 7TH AVENUE  
MIAMI FL 33169**

**81 Name MAISIE MCNAUGHT  
82 Street Address (P.O. Box Number is Not Acceptable) 18327 NW 7TH AVENUE  
83 MIAMI 33169  
84 City MIAMI FL 85 Zip Code**

**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** (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCNAUGHT, MAISIE	
STREET ADDRESS	18327 NW 7TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCNAUGHT, NOEL	
STREET ADDRESS	18327 NW 7TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**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: [Signature] MAISIE MCNAUGHT 4/17/97 (305) 654-0707**

CR2E034 (9/96)