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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

May 19 1997 8:00am

Secretary of State

| · · · · · · · · · · · · · · · · · · · | A'S FASHIUNS INC. | | | | |
|---|---|--|--------------------------------------|--|---|
| Principal Place of Business 8560 NW 30 AVE MIAMI FL 33147-4014 | | Mailing Address 8560 NW 30 AVE MIAMI FL 33147-4014 | | | |
| | | | | | 3. Date incorporated or Qualified 3a. Date of Last Report N/A |
| | lace of Business | 2a. Mailing Address | | · | 4. FEt Number Applied For 650654953 Nat Applied be |
| 21 7900 Suite, Apt | NW 27th AVE. | | 8560 NW 30 AVE Suite, Apt #, etc. | | S8 75 Additional |
| 22 Unit | • • | 27 | | | 5. Certificate of Status Desired Fee Required |
| City & State | e | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 <u>Miam</u> Zip | Country | 28 Miami, Fl | Coun | trv | Trust Fund Contribution |
| 24 33147 | | 29 33147 | , | de | Florida Statutes Yes No 10. Name and Address of New Registered Agent |
| | OKES, ROSA M | negistored rigent | | 31 Name | 10. |
| OF ON ARIE ON AVE | | | 32 Street Ad | Idress (P.O. Box Number is Not Acceptable) | |
| • MIAI | MI FL 33147-4014 | | | | |
| | | | | 33 | , |
| | | | Ĩ | 64 City | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statute | s, the ab | I ove-named co | prporation submits this statement for the purpose of changing its registered ration's board of directors. I heroby accept the appointment as registered |
| agent. I a | registered agent, or both, in the state of the millar with, and accept the obligation | ons of, Section 607.0505, Flo | rida Statu | ites. | ration's board of directors, interently accept the appointment as registered |
| SIGNATURE | Signature, typed or printed name of registered agent | and tille it applicable (NOI) | Begistered | Agont signature rec | quired when reinstating) DATE |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | President: Rosa | DELETE M. Stokes | 1.1 Till | | Change Addition |
| NAME | | NW 30 AVE. | 1.2 NA | ME EET ADDRESS | |
| STREET ADDRESS City-St-Zip | | , F1. 33147 | | Y-ST-ZIP | |
| TITLE | | DELETE | 2.1 Till | | Change Addition |
| NAME | | | 2.2 NA | ME . | |
| STREET ADDRESS | | | | REET ADDRESS | |
| City-St-ZiP Title | | DELETE | 2.4 CH 3.1 TITE | Y - S1 - 71P LF | ☐ Change ☐ Addition |
| NAME | | | 3.2 NA | Vξ | |
| STREET ADDRESS | | | 3 3 STF | KEET ADORESS | |
| CITY-ST-ZIP | | | | IY-S1-ZIP | |
| TITLE | | ☐ DELETE | 41711 | | Change [] Addition |
| NAME STOREST ASSESSED | | | 4 2 NA | ME REEL ADDRESS | |
| STREET ADDRESS City-St-Zip | | | 1 | Y-ST-ZIP | |
| TITLE | | DELETE | 5 1 III | | Change Addition |
| NAME | | | 5.2 NA | ME | |
| STREET ADDRESS | | | 5.3 S1F | REEN ADDRESS | |
| CITY-ST-ZIP | | ···· | 5.4 CI1 | Y-ST-ZIP | |
| TITLE | 1 | DELFTE | 6.1 TIT | 1 |] Change |
| NAME | | | 6.2 NA | | |
| STREET ADDRESS | | | | REE1 ADDRESS | |
| CITY-ST-ZIP | by carlify that the information supplied | with this filing does not custif | fy for the | Y-S1-ZIP | ited in Section 119.07(3)(i), Florida Statutes. I further certify that the |
| l informatio | on indicated on this appual report or cu | mologiopiatal annual rapad is t | riin and a | courate and th | hat my signature shall have the same legal effect as if made under oath; that port as required by Chapter 607, Florida Statutes; and that my name |