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

APPROVED AND FILED

03 MAY 22 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000025346 (3)**

1. Corporation Name
LA VAGABONDE FASHIONS INC.

Principal Place of Business	Mailing Address
9034 FLYNN CIRCLE #8 BOCA RATON FL 33496	9034 FLYNN CIRCLE #8 BOCA RATON FL 33496-6658

3. Date Incorporated or Qualified: 03/18/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 9742 NW 7th Circle
22 Suite, Apt. #, etc.: 813
23 City & State: Plantation FL
24 Zip: 33324
25 Country: USA

2a. Mailing Address
26: 9742 NW 7th Circle
27 Suite, Apt. #, etc.: 813
28 City & State: Plantation FL
29 Zip: 33324
30 Country: USA

4. FEI Number — ☑ 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

SCHLAM, SEYMUR B
9034 FLYNN CIRCLE
#8
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name: Seymour B. Schlam
82 Street Address (P.O. Box Number is Not Acceptable): 9742 NW 7th Circle #813
83:
84 City: Plantation FL 85 Zip Code: 33324

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: Seymour B Schlam (Signature of new registered agent required when reinstating) DATE: 5/1/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE — ☒ Change ☐ Addition
NAME	SCHLAM, SEYMOUR B		1.2 NAME
STREET ADDRESS	9034 FLYNN CIRCLE #8		1.3 STREET ADDRESS: 9742 NW 7th Circle #813
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP: Plantation FL 33324
TITLE		☐ DELETE	2.1 TITLE — ☐ Change ☐ Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		☐ DELETE	3.1 TITLE — ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE — ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE — ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE — ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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****900.00 ****900.00

REINSTATEMENT 5/1/98

D. Wm 5/22/98

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.

954-424-1889

SIGNATURE: Seymour B Schlam