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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600055904 (2)

FASHION EXPRESS INC.

FILED Feb 19 1998 8:00am Secretary of State



					{			
Principal Place of Business Mailing Address								
355 N.W. 24 STREET 355 N.W. 24 STREET MIAMI FL 33127 MIAMI FL 33127								
MIAMI FL	33127	MIAMI FL 33127			DO NOT WRITE IN THIS S	PACE		
					3. Date Incorporated or Qualified			
					07/02/1996			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	П	Applied For	
212		26	26		65-0689370		Not Applicable	
		Suite, Apt. #, etc.	•		5. Certificate of Status Desired		5 Additional	
22 27					C. Commond of States Desired	Fee	Required	
	¬ ·		City & State		6. Election Campaign Financing		O May Be	
23		28	T Countries		Trust Fund Contribution		d to Fees	
Žip	Country	Zip	Country		8. This corporation owes or has paid the curr			
24	25		30		Personal Property Tax due June 30. 10. Name and Address of New Registered A	Yes	∐ No	
9. Name and Address of Current Registered Agent PINICKNEY CADI OS 81 Name					10. Name and Address of New Addistaled A	.gent		
PINCKNEY, CARLOS								
355 NW 24 ST.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
MIAM) FL 33127			83					
			84	Other		11 7:	- 0-1-	
			1 1	City	FL		p Code	
11. Pursuar	nt to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above	named corp	poration submits this statement for the purpose of tion's board of directors. I hereby accept the apport	changing	its registered	
agent. I	am familiar with, and accept the oblig	pations of Section 607,0505. Flor	ida Statutes.	· · · · · · · · · · · · · · · · · · ·	more board of directors. Thereby accept the appli		as registered	
SIGNATURE	- 60 CA	Klos PINCKA	EG		<i>3/9/</i> 3	18		
40	Signature, typind of printed name of registered ac			l signature requir	red when reinstaling) / DME	DIDECT	000 11140	
12.	OFFICERS AF	ID DIRECTORS DELETE	13. 1.1 THILE		ADDITIONS/CHANGES TO OFFICERS AND	☐ Chang		
NAME	PINCKNEY, CARLOS		1.2 NAME				, C Addition	
	APP ANN ALAT		1.3 STREET ADDRESS					
STREET ADDRESS	MIAMI FL 33127							
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY - ST 2.1 TITLE	-211		Change	e Addition	
NAME	VELOSO, MANUEL	C seem	2.2 NAME	1			, G Madition	
STREET ADDRESS		APP 4 NAT A 4 APP		NOBECC				
	MIAMI FL 33127		2.3 STREET A	- 1				
CITY-ST-ZIP	D WINNITE SOILE	DELETE	2. 4 CITY-ST 3.1 TITLE	1-ZIP		Change	e 🔲 Addition	
NAME	GONZALEZ, RADAMES	been(c	3.2 NAME				, [] //00((0))	
STREET ADDRESS	APP ABIL AL AT			Doncee			l	
	MIAMI FL 33127		3.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	MIAMITE 33(E)	DELETE	3.4. CITY - ST 4.1 TITLE	- ZIP		Change	e Addition	
MAME		- v*	4.1 MLE					
	, }			CDD500				
STREET ADDRESS	`		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				ł	
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE			Change	B Addition	
NAME			5.2 NAME		'			
				DODESC				
STREET ADDRESS	7		5.3 STREET A					
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP			Change	e Addition	
TITLE		□ netere	6.1 TITLE			ORIGI	- La Managali	
NAME	J		6.2 NAME	Denres			ļ	
STREET ADDRESS	`		6.3 STREET A		•		ĺ	
CITY-ST-ZIP	1		6.4 CITY-ST-	-ZIP				

14. Thereby 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 attachagent with an address.

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305-5768837