PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600064200

1. Corporation Name

WORLDWIDE FASHIONS, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90223 008 ***150.00



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Principal Place of Business Mailing Address									41111	.,
7357 DADELAND MALL			7357 DADELAND MALL							
MIAMI FL 33156			MIAMI FL 33156				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 07/31/1996			
2. Deliveral Phase of Duninger			2a. Mailing Address				4. FEI Number			Applied For
2. Principal Place of Business			<u>├</u>				65-0682814 Applicable Not Applicable			
Suite Ant # etc			Suite, Apt. #, etc.							Additional
Suite, Apt. #, etc.			27				5. Certificate of Status Desired		Fee F	Required
City & State			City & State				Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip	Country	120,	Zip	Co	untry		8. This corporation owes the curr	ent vear In	tangible	
24	25 29 30			Personal Property Tax.					□No	
	9. Name and Address of Curr		tered Agent	100	T^{-}		10. Name and Address of New F	Registered	Agent	
···					81	Name				
; COH	ien, jeff				82 Street Address (P.O. Box Number is Not Acceptable)					
7357 DADELAND MALL MIAMI FL 33156					82		odress (P.O. Box Number is Not Acceptable)			
I WHAT	MI LF 22 120				83					
		_			84	'		FL	_	o Code
11. Pursuant	to the provisions of Sections 607	502 and 6	07.1508, Florida S	tatutes, the a	abov	e-named corp	oration submits this statement for the on's board of directors. I hereby accept	purpose of	f changing if	ts registered
office or n	egistered agent, or/both, in the/sta: m familiar with, and acceptable boli	te of Fioric patiens of	da. Such change w Section 607.0505	ras putnorize / Florida Sta	o by tutes	corperation	on's board of directors. I hereby accep	i the appo	intiple it as t	egistered
	(1912)	25	,	Nes	4\$	2-4		5/1/	149	
SIGNATURE	Signature, typed or printed name of registered a	gent and title	if applicable.	NOTE: Registere	d Age	nt signature require	d when reinstating)	DATE	-//-	
12.	ØFFICERS A	AND DIRE		13.			ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	P		☐ DELET	E 1,1 T	TILE				Change	Addition
NAME	COHEN, JEFF			1.2 M	IAME					
STREET ADDRESS	7357 DADELAND MALL			1.3 5	STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL 33156			1.4 0	CITY-S	ST-ZIP				
TITLE			☐ DELET	E 2.1 T	ITLE				Change	e ☐ Addition
NAME				2.2 M	IAME					
STREET ADDRESS				2.3 9	TREE	T ADDRESS				
CITY-ST-ZIP				2.4	CITY-	ST-ZIP				
TITLE			☐ DELET	E 3.17	ITLE				Change	e
NAME				3.21	VAME					1
STREET ADDRESS				3.3 5	STREE	TADDRESS				
CITY-ST-ZIP						ST-ZIP				<u> = ==</u> -
TITLE			☐ DELET		ITLE				Change	e Addition
NAME				4.2	NAME	1				ſ
STREET ADDRESS				4.3 5	TREE	T ADDRESS				
CITY-ST-ZIP				4,4 (CITY-S	ST-ZIP				
TITLE			☐ DELET		TITLE	····			Change	e Addition
NAME				5.21	VAME					ŀ
STREET ADDRESS				5.3 9	STREE	T ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			☐ DELET	E 6.11	TITLE				☐ Change	e Addition
NAME					NAME				•	
1						T ADDRESS				
STREET ADDRESS	i			1 3.5						1

14. I 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 employees 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 affiress with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR