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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000071239

1. Corporation Name

MODERN FASHION INC.

Principal Place of Business

Mailing Address

FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90122 036 ***150.00



2924 NORTH STATE ROAD 7 2924 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 33313		= :	DO NOT WRITE IN TH	HIS SPACE
			3. Date Incorporated or Qualifed	•
			08/27/1996	
2. Principal Place of Business	2a. Mailing Addre	ss	4. FEI Number	Applied For
21	26		65-0695037	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #,	etc.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zíp Country	Zip	Country 30	This corporation owes the current year Personal Property Tax.	Intangible ▼IXes □No
9. Name and Address of Cu			10. Name and Address of New Register	ed Agent
KHO, TAE YOUNG K 12051 S.W. 12 STREET		81 Name 82 Street	KHO, Tae Young Address (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33025		83	1233 Fairlake Trace	#802
		84 City	Weston	85 Zip Code 33326
11. Pursuant to the provisions of Sections 607	.0502 and 607.1508, Florid	a Statutes, the above-named	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered pointment as registered

agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TITLE PST TITLE KHO, TAE Y 1.2 NAME NAME 12051 S.W. 12 ST. 1.3 STREET ADDRESS 1233 Fairlake Trace #802 STREET ADDRESS PEMBROKE PINES FL 33025 1.4 CITY-ST-ZIP Weston, FL 33326 CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP ___ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING BEFFOR OR DIRECTION Pres. (954)731-8844

CR2E034 (11/98)