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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000073383

ORLAND	O INTERNATIONAL FASHION	I ACADEMY, INC.							
Principal Place	e of Business	Mailing Address						1000 HINE \$1103	
13 W PINE ST 2049 RIVERTREE CIRCLE. NO. 207 203 ORLANDO FL 32839						DO NOT WRI	TE IN THIS	SDACE	
ORLANDO FL 3 US	12801				-	3. Date Incorporated or Qualifed 08/30/1996	12 114 11110	OI NOL	
	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21 750 ORANGE BLOSSOM TRAIL 26						59-3406357			t Applicable
Suite, Apt.		Suite, Apt. #, etc.			سد. يد	5. Certificate of Status Desired	Z.	\$8.75 / Fee Re	
City & Stat		City & State				6. Election Campaign Financing		\$5.00	
23 ORL	ANDO FLORIDA	28				Trust Fund Contribution		Added 1	to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the curr	rent year inta	_	Mar.
24 328	05 25 ORANGE	29	30			Personal Property Tax.	3	∐ Yes	ÆNo
	9. Name and Address of Current	Registered Agent	-	1 Name		10. Name and Address of New F	kegistereu /	-Genr	
PΔIII	LINO RAMONA		`	Name					
PAULINO, RAMONA 2049 RIVERTREE CIRCLE, NO. 207			[8	Street	Addres	s (P.O. Box Number is Not Accepta	able)		
ORL	ANDO FL 32839		1	13					
				34 City			FL	85 Zip 6	Code
44 Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	es, the abo	ve-named	corpora	ation submits this statement for the	numose of	changing its	registered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was at	uthonzed I	ov the com	oration'	s board of directors. I hereby accept	pt the appoir	itment as re	gistered
SIGNATURE									,
					- and and a	N	DATE		
42	Signature, typed or printed name of registered agent a			gent signature i	required w	hen reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	DRS IN 12
12.	OFFICERS AND	DIRECTORS	13.		required w	hen reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

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