

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000077645 (5)**

1. Corporation Name

**HOLLYWOOD FASHION MALL, INC.**



Principal Place of Business <b>C/O UNITED CORPORATE SERVICES 801 N.E. 167TH ST. SUITE 300 NORTH MIAMI BEACH FL 33162</b>	Mailing Address <b>C/O UNITED CORPORATE SERVICES 801 N.E. 167TH ST. SUITE 300 NORTH MIAMI BEACH FL 33162</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/18/1996</b>		3a. Date of Last Report	
4. FEI Number <b>65-0707713</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business 21 <b>101 S.W. 50th Road</b> Suite, Apt. #, etc. 22 <b>P.O. Box 5867</b> City & State 23 <b>Hollywood Florida 33083</b> Zip 24 <b>33083</b>	2a. Mailing Address 26 <b>P.O. Box 5867</b> Suite, Apt. #, etc. 27 City & State 28 <b>Hollywood Florida</b> Zip 29 <b>33083</b>		

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.  
801 N.E. 167TH ST.  
SUITE 300  
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARR, RAY A</b>	1.2 NAME	
STREET ADDRESS	<b>10 BANK STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHITE PLAINS NY 10606</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SKUBICKI, MARK A</b>	2.2 NAME	
STREET ADDRESS	<b>10 BANK STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHITE PLAINS NY 10606</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Norma Loren</b>	3.2 NAME	
STREET ADDRESS	<b>49 Venech Drive</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>New Rochelle N.Y. 10804</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William Newman</b>	4.2 NAME	
STREET ADDRESS	<b>50 Larch Hill Road</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Lawrence N.Y. 11559</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cham Stern</b>	5.2 NAME	
STREET ADDRESS	<b>70-50 136th Street</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Freshing N.Y. 11367</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rachel Bless</b>	6.2 NAME	
STREET ADDRESS	<b>1435 SW 5th Street</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Boca Raton N.Y. 11219</b>	6.4 CITY-ST-ZIP	

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.

CR2E034 (4/97)