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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084467

1. Corporation Name

FASHION ARENA, INC.

May 08, 1999 8:00 am Secretary of State

05-08-1999 90028 021 ***150.00

		_									
Principal Place	e of Business	Mai	ling Address					1 12011201 10 1010 0111 0011	,		
728 LINCOLN ROAD 145 S. HIBUSCUS DR											
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139								DO NOT WRITE	E IN THIS	SPACE	
								3. Date Incorporated or Qualifed 10/11/1996			
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number		A	pplied For
21		26	ŭ					65-0708198		<u> </u>	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	-				5. Certifcate of Status Desired		\$8.75	Additional
22		27						J. Certificate of Status Desired		Fee F	Required
City & State	e		City & State					6. Election Campaign Financing			May Be
23		28						-Trust Fund Contribution			l.to.Fees
Zip.	Country		Zip		untry			8. This corporation owes the curre	-		
24	25	29		30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Regist	ered Agent	·	81	Name		10. Name and Address of New Re	egisterea	Agent	· ·
COB	RPORATION SERVICE COMPAN	14			"	Name	,				
	I HAYS STREET	*1			82	Street	Addres	s (P.O. Box Number is Not Acceptat	ole)		
	LAHASSEE FL 32301-2525				83						
IALL	DATA 0000 1 C 02001 2020				0.5						
					84	City		•	FL	85 Zip	Code
11 Duguent	to the provisions of Sections 607.0	502 and 60	7 1508 Florida Statu	ites the	above	 e-named	1 corpor	ation submits this statement for the p	urnose of	changing it	ts registered
office or n	registered agent, or both, in the Stat	te of Florida	a. Such change was a	autnorize	o by	the corp	oration	's board of directors. I hereby accept	the appoir	ntment as r	egistered
agent. I ai	m familiar with, and accept the obli	gations of, a	Section 607.0303, Fi	onda Sta	nutes	٠.					į
SIGNATURE											
CICITATIONE	Signature, typed or printed name of registered a	gent and title if	applicable. (NOT	E: Registere	nepA be	nt signature	required v	when reinstating)	DATE		
12.	Signature, typed or printed name of registered a OFFICERS /		<u> </u>	E: Registere		nt signature	required v	when reinstating) ADDITIONS/CHANGES TO OFF		ID DIRECT	ORS IN 12
	OFFICERS A		<u> </u>	13		nt signature	required v	when reinstatung) ADDITIONS/CHANGES TO OFF		ID DIRECT	
12.	OFFICERS A		CTORS	13 1.1 T		nt signature	required v	when reinstatung) ADDITIONS/CHANGES TO OFF			
12.	PD GOESSEL, DIETER		CTORS	13 1.1 1 1.2 N	TITLE NAME	nt signature		when reinstatung) ADDITIONS/CHANGES TO OFF			
12. TITLE NAME STREET ADDRESS	PD GOESSEL, DIETER 145 S. HIBUSCUS DR		CTORS	13 1.1 1 1.2 N 1.3 S	TITLE NAME	T ADDRESS		when reinstating) ADDITIONS/CHANGES TO OFF			Addition
12. TITLE NAME	PD GOESSEL, DIETER		CTORS	13 1.1 1 1.2 h 1.3 5 1.4 0	TITLE NAME STREET	T ADDRESS		vhen reinstatung) ADDITIONS/CHANGES TO OFF			Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOESSEL, DIETER 145 S. HIBUSCUS DR		CTORS DELETE	13 1.11 1.21 1.35 1.40 2.11	TITLE NAME STREET	T ADDRESS		vhen reinsteting) ADDITIONS/CHANGES TO OFF		Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD GOESSEL, DIETER 145 S. HIBUSCUS DR MIAMI BEACH FL 33139		CTORS DELETE	13 1.11 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M	ITTLE NAME STREET CITY-S' TITLE NAME	T ADDRESS	3	when reinstating) ADDITIONS/CHANGES TO OFF		Change	Addition
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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 emprovered 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 apprecia, with all other like empowered.

SIGNATURE: