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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000094308 (9)

SYLVIA'S FASHIONS, INC.

Principal Place of Business
C/O POST OFFICE BOX 5003
FORT LAUDERDALE FL 33316

Mailing Address

C/O POST OFFICE BOX 5082 FORT LAUDERDALE FL 33310 FILED Apr 23 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 3a.	Date of Last Report							
					11/18/1996								
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Applied For							
21 10 9	COMMERCIAL AVE	**				Not Applicable							
Suite. Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required							
City & State City & State					6. Election Campaign Financing	\$5.00 May Be							
23 LAUDE	roace by Saa, tl	28			Trust Fund Contribution	Added to Fees							
Ζφ			Count	try 8. This corporation has liability for intangible tax under s. 199.032,									
24	25 USA		30			□ No							
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent							
ARIE MREJEN PA				1 Name									
701 WEST CYPRESS CREEK ROAD STE 302 FORT LAUDERDALE FL 33309				82 Street Address (P.O. Box Number is Not Acceptable) 83									
										Ļ		**************************************	
							•			8	4 City	F	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 Ftorida. 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.													
SIGNATUR: Stores we type or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE													
12.	OFFICERS AND DIRECTORS			gent orginatoro	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	D	DELETE	13.										
NAME	SCHIBER, AMNON				1834 N.W 94th A	√6							
STREET ADDRESS	O/O DOOT OFFICE BOY FOOD			ET ADDRESS	plantation F.L 33	132.2							
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NAME .			3.2 NAME										
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CITY-ST-ZIP			4.4 CITY-		***************************************								
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CITY - ST - ZIP			5.4 CITY-										
TITLE		☐ DELETE	6.1 TITLE	10.	0000001645	Change Addition							
NAME			6.2 NAME	4	0000021543 -04/25/9701002	UES							
STREET ADDRESS			6.3 STREE	TWODRESS	***165.00	OUL							
CHY+SE-ZIP			6.4 CITY-	ST-ZIP	***10J.0U	, ·							

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, of on an attachment with an address.

SIGNATURE 3 OF THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97 351-0707

CR2E034 (9/96)