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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 02 1997 8:00am

Secretary of State

96/6) (96/6)

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR

DOCUMENT # P96000102457 (4)

B.L.H. FASHION VIBES, INC.

Principal Place of Business Mailing Address 5708 NW 21 STREET 5708 NW 21 STREET LAUDERHILL FL 33313 LAUDERHILL FL 33313-3110 3. Date Incorporated or Qualified 3a. Date of Last Report 12/18/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Ζıp 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 Name CHUCK MOGBO PA 2331 N STATE RD 7 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 124 83 LAUDERHILL FL 33313 84 City 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 ported name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change Presi Dent 1.1 TITLE mu DAVID . A. BRADSHAW 1.2 NAME NAME STOR NW ZI STREET STREET ADDRESS 1.9 STREET ADDRESS auderbill CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TILLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - \$1 - 2# DELETE Addition 3.1 TITLE 31113 NAMI 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CHIY- ST-ZIP DELETE Change Addition THEF 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP CITY - ST - ZIE Addition DELETE 5.1 TITLE Change TITLE MAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE 10.6 62 NAME NAME 6.3 STREET ADDRESS

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 of the state 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.

SIGNING OFFICER OR DIRECTOR