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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 10 1998 8:00am Secretary of State

DOCUI	MENT # P97000	023703 (6)		
JOY FA	SHION INC.			
Principal Plac	e of Business	Mailing Address		i (Onigan die fürit foot: ealis ealis delli ande sing fout fout delle filt
2501 N.W. 57H AVE. MIAM! FL 33127		2501 N.W. 5TH AVE. MIAMI FL 33127		
, minsian 1 E 001		MICHAI I E OUTE		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				03/17/1997
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0336204- Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		6. Certificate of Status Desired See Required
City & Stat	0	City & State		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	7()	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible
24	25	29 3	30	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
HOBAN, CHIE K			81 Name	BUN S. Lim
7355 N.W. 41 STREET			82 Street A	ddress (P.O. Box Number is Not Acceptable)
MIAMI FL 33166			63	728 NW 58 Terrace
			84 City	
				oral Springs FL 85 Zip Code 33067
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. Lam familiar with, and accept the obligations of, Section 607,0505, Fforida Statutes.				
SIGNATURE	Significant typed or printed name of registerior agent	and title if applicable (NOTE	Registered Agent signature	PLPS 1/13/98 equired when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1 1 TITLE	Change Addition
NAME	SUN-LIM, BUN		1.2 NAME	BUN SUN LIM LAST NAME
STREET ADDRESS	4728 N.W. 58 TERRACE		1.3 STREET ADDRESS	(1
CITY - ST - ZIP	CORAL SPRINGS FL 33067		1.4 CITY - ST - ZIP	CAST NAME
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME #			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME			6.1 TILLE 6.2 NAME	C Onside
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
0177-01-Z#	L		V-1 O11 1 - O1 - \$11	

14. Thereby 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.