FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97-23703

1. Entity Name

JOY Fashion Inc.



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90243 019 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2501 N. W. 5 Ave.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

11017132

DO NOT WRITE IN THIS SPACE

City & State Miami, FL

City & State Miami, FL

City & State Miami, FL

Country 33127

Country dade

7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Street Address (DO Bay Mumber in

Street Address (P.O. Box Number is Not Acceptable) 4728 N. W. 58 Terrace

^{City} Coral Springs

FL Zip C333067

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

Bun S. Lim, President
(NOTE: Registered Agent signature required when reinstating)

3/29/0

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. - OFFICERS AND DIRECTORS PSTD TITLE NAME NAME LIM, Bun Sun STREET ADDRESS STREET ADDRESS 4728 N. W. 58 Terr. CITY-ST-ZIP CITY-ST-ZIE Coral Springs, FL TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST- 7iP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: Buns &

CITY-ST-71P

Bun S. Lim, President 3/29/03 (305)438-9060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)