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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04 1998 8:00am
Secretary of State

| 1 | MENT # P97000 Frashions, Inc. | 0042291 (9) | | | | |
|--|--|------------------------------------|-------------------------|---|--|--|
| Principal Place | e of Business | Mailing Address | | | | |
| 1357 N.E. 163RD STREET 1357 N.E. 163RD STREET | | | | | | |
| NORTH MIAMI FL 33162 NORTH MIAMI FL 33162 | | | | | DO NOT WHITE IN THIS SPACE | |
| | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | |
| \ | | | | | 05/13/1997 | |
| 2. Principal P | ace of Business | 2a. Mailing Address | | | 4. FEI Number Applied For | |
| 21 | | 26 | | | 65-0758974 Not Applicable | |
| Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired S8.75 Additional | |
| 22 27 27 Ch. 8 State | | | | | Fee Required | |
| City & State City & State | | | | | 6. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Country | , | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 25 | 29 3 | 0 | | Personal Property Tax due June 30. Yes No | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | |
| | YA G , ALON | | 81 | Name | θ | |
| 1357 N.E. 163RD STREET | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| į NO | RTH MIAMI FL 33162 | | 83 | ļ | | |
| [| | | | | | |
| | • | | 84 | City | FL 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 register | | | | | | |
| 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 register office or registered eigent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE | ×40011 | | resi | DEN | NT 4-14-98 | |
| | Setature, typed or printed harne of registered agent | | · | ent signature | ure required when reinstating) DATE ADDITIONS OF TAXABLE PROCESS TO DESCRIPTION AND INDESCRIPTION AN | |
| 12. | OFFICERS AND | DIRECTORS | 13. 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | SAYAG, ALON | bearie | 1.2 NAME | | - Constant | |
| STREET ADDRESS | 1357 N.E. 163RD STREET | | 1.3 STREET | ADDRESS | <u>,</u> | |
| CITY-ST-ZIP | NORTH MIAMI FL 33162 | · | 1.4 CITY-S | | · . | |
| TITLE | | DELETE | 2.1 TITLE | | VICE - PRESIDENT Change MAddition | |
| NAME | | | 2.2 NAME | | SIMON SAYAG | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | No. MIAMI , FL 38162 | |
| CITY-ST-ZIP | | DELETE | 2.4 CITY-5 | ST-ZIP | Change Addition | |
| TITLE NAME | | TT DEFEIE | 3.1 TITLE 3.2 NAME | | , Change Li Addition | |
| STREET ADDRESS | | | 3.2 NAME | ADDRECC | | |
| CITY-ST-ZIP | , | | 3.4. CITY- 9 | | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | 4. 2 NAME | Ì | | |
| STREET ADDRESS | | • | 4.3 STREET | address | ; | |
| CITY-ST-ZIP | | | 4.4 CITY - S | 1-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET | 1 | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CITY-S 6.1 TITLE | I - ZiP | Change Addition | |
| NAME : | | | 6.2 NAME | - | Change C Addition | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | - 1 | | |
| | ertify that the information supplied wit | h this filing does not qualify for | | | ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information | |

4. 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changild for on an attachment with an address.

DIGNIATURE WILL

PRECIDENT

4-14-98 (305) QUA-7776