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

DOCUMENT # P97000056715 (0)

AN-PE FASHIONS, INC.

FILED
May 06 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address						
4811:N.W. 12TH AVENUE 1611 N.W. 12TH AVENUE MIAMI FL 33136 MIAMI FL 33136						
MANNITE SOI	•	MIAMI IL 33130				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						06/27/1997
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0777960 Not Applicable
Suite, Apt.	#, e tc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27				Fee Hequired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23	p Country 7ip		Country		Trust Fund Contribution	
Zip	Country	— ·	30	¬ ´	Y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 Name and Address of Curre	29 nt Registered A		<u>'I.</u>		10. Name and Address of New Registered Agent
DEI	REZ, ANA M		,	81	Name	
	II N.W. 12TH AVENUE					
	MI FL 33136			82	Street A	Address (P.O. Box Number is Not Acceptable)
IAILE	AMI 1 E 00 100			83	1	
				84	1	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 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or printed nume of regionered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AT	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Perez, ana m			1.2 NAME		
STREET ADDRESS	1-11		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	MIAMI FL 33136			1.4 CITY - 1	ST-ZIP	
TITLE			☐ DELETE	2.1 TITLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS	:ET ADDRESS			2.3 STREET ADDRESS		
CITY+ST-ZIP			I - E	2. 4 CiTY-	ST-ZIP	
TITLE			☐ DELETE	3.1 TITLE] Change Addition
NAME				3.2 NAME		
STREET ADDRESS					1 Address	
CITY-ST-ZIP			Delete	3.4. CITY-	ST-ZIP	Change Addition
TITLE			☐ DELETÉ	41 TITLE		C custige C vocition
NAME				4. 2 NAME		
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP			DELETE	4.4 CITY-1	ST-ZIP	Change Addition
TITLE			5.1 TITLE		F cuentie T vocation	
NAME			j	5.2 NAME		
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP			DELETE	5.4 CITY-: 6.1 TITLE	ST-ZIP	☐ Change ☐ Addition
TITLE			DECEMBE]	L_J Orkanigo L_J Mubition
NAME				6.2 NAME		·
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP		(a) a) - a)	an and analise for t	6.4 CHY-		d in Section 110 07(2)(i) Florida Statutes I further partifu that the information

I. 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 changed, or on an attachment with an address.

CR2E034