

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

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000057207 (7)**  
 1. Corporation Name  
**WYNWOOD FASHION, INC.**



Principal Place of Business: **2308 NW 5TH AVE MIAMI FL 33127**  
 Mailing Address: **2308 NW 5TH AVE MIAMI FL 33127**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **5167 NW 102 COURT**  
 2a. Mailing Address: **5167 NW 102 COURT**  
 22. DORAL COV  
 27. DORAL COV  
 23. MIAMI, FL  
 28. MIAMI, FL  
 24. 33178 25. DADE 29. 33178 30. DADE

3. Date Incorporated or Qualified: **06/30/1997**

4. FEI Number: **65-0766608** Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes  No

9. Name and Address of Current Registered Agent  
**PARK YONG DON**  
**2308 NW 5TH AVE**  
**MIAMI FL 33127**

10. Name and Address of New Registered Agent  
 81 Name: **HYON SIN PARK**  
 82 Street Address (P.O. Box Number is Not Acceptable): **5167 NW 102 COURT**  
 83 **DORAL COV**  
 84 City: **MIAMI** 85 Zip Code: **FL 33178**

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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]* **HYON SIN PARK/PRESIDENT** DATE: **3/18/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PARK YONG DON</b>	
STREET ADDRESS	<b>2308 NW 5TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HYON SIN PARK</b>	
1.3 STREET ADDRESS	<b>5167 NW 102 COURT DORAL COV.</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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.

SIGNATURE: *[Signature]* **PRESIDENT 3/18/98** 305-422-0033

CR2E034 (10/97)