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 # P97000077888 (0)

EASHION TEAM INC

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|-----|--|-------------|--|---------------|-----------------------------------|
| 1 | Principal Place of Business 14122 SW 142 AVE. MIAMI FL 33186 | | Mailing Address 14122 SW 142 AVE. MIAMI FL 33186 | | - 10041004 140 1 |
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| | t | | | | 3. Date Incorpo 09/08/199 |
| 2 . | 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 4. FEI Number |
| ų. | | | | | 65-07 |
| ř | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of |
| | City & State | | City & State | | 6. Election Cam |
| ÷. | | | | | Trust Fund Co |
| | Zip | Country 25 | Ζφ 29 | Country 30 | 8. This corporat Personal Prop |
| | 9, Name and Address of Current Registered Agent | | | | 10. Name and A |

FILED Apr 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE rated or Qualified Applied For 83252 Not Applicable \$8.75 Additional Status Desired Fee Required \$5.00 May Be oalon Financino ontribution Added to Fees ion owes or has paid the current year Intangible Yes perty Tax due June 30. [] No ddress of New Registered Agent CORREA, JOSE N J.C. ACCOUNTING & TAX SERVICES 82 Street Address (P.O. Box Number is Not Acceptable) 8900 SW 107 AVE., STE. 311 83 **MIAMI FL 33176** 84 City Zip Code 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE MONTOYA, WILLIAM 1.2 NAME 9516 SW 154 PL. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE PINEL, CARLOS NAME 2.2 NAME **CALLE 14 NO. 32 A 272** STREET ADDRESS 2.3 STREET ADDRESS MEDELLIN, COLOMBIA CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3 1 III E Change Addition DS ARANGO, PATRICIA NAME 3.2 NAME 9516 SW 154 PL STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Guange **6.1 TITLE** TITLE -04/28/98--01101--007 NAME 6.2 NAME ***150,00 STREET ADDRESS **6.3 STREET ADDRESS**

CITY-ST-ZIP 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 of chapter 607, an attachment with an address.

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