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 # P97000087926 (6)

ERICA LOU WESTERN WEAR, INC.

FILED Feb 10 1998 8:00am Secretary of State



				<u>-</u> !	
Principal Place	of Business	Mailing Address		1	
200 S. BISCAYNE BLVD., STE. 2420 200 S. BISCAYNE BLVD., STE. 2420			TE. 2420		
		C/O MELAND & RUSSIN MIAMI FL 33131		DO NOT WRITE IN THIS SPACE	
Ministration 1		***************************************		3. Date Incorporated or Qualified	
				10/10/1997	
2. Principal Pla		2a. Mailing Address	F1102C1	4. FEI Number	Applied For
21 <i>4801</i>	NW 128St. ROAD	26 P.O. BC	0x 54-0251	65-0793457	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	4.4.	City & State 28 M/AM/	El	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 M/A	Country	28 /9/A/9/	Country	8. This corporation owes or has paid th	
34 O.	54 25 NADE	トュ ククヘご リト	DADE	Personal Property Tax due June 30.	Yes No
27 73 40	9. Name and Address of Current	1771	VIII	10. Name and Address of New Registe	ered Agent
COB	PORATION SERVICE COMPANY		81 Name	Abole loweth To	vel cpa
				ress (P.O. Box Number is Not Acceptable)	vei da
TALLAHASSEE FL 32301-2525				30 SW 107 ST	
			B3		
			84 City 4 1		85 Zip Code
			M		FL 133156_
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	ose of changing its registered
agent. Larr	gistered agent, or both, in the state of Familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statute <u>s</u> .	tions position directors. Thereby accept the	1 la G
SIGNATURE _	Michile Lev	air Turul	cra	2	11198
S	quature, typed or punted turne of registered agent	and the tapporable (NOTE	Registered Agent signature requi		ARE DIDECTORS IN 40
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	D MELANALID MACHAEL				and a supplier of
NAME	MELAMUD, MICHAEL	2420	1.3 STREET ADDRESS	FLAMUD, MICHAEL 801 NW 128 St. ROAD	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. MIAMI FL 33131	2420	1.3 STREET AUDRESS 7	11AMI, FL. 33054	!!
CITY-ST-ZIP TITLE	MIAMI FL 33131	DELETE	T		Change Addition
NAME			2011111	RICA L. MELAMUD	
STREET ADDRESS			2.3 STREET ADDRESS	2180 SW 70ct	ļ
1			2. 4 City-St-ZiP	11AMI, FL. 33156	ļ
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		Change Addition
NAME		 :	32 NAME		İ
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP			4.4 CFTY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby co	ortify that the information supplied with	this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furti	her certify that the information

indicated on this annual report or suppliemental 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 enipowered 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.