

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

FILED  
Sep 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P97000089441 (4)

1. Corporation Name  
ERIN Fashions, Inc

Principal Place of Business Mailing Address  
9808 NW 80TH AVE., BAY #101.  
HIALEAH GARDENS, FL 33016-2326

THIS ADDRESS IS FOR BOTH PRINCIPAL PLACE OF BUSINESS  
AND MAILING ADDRESS.

3. Date Incorporated or Qualified 10/16/97.	3a. Date of Last Report N/a.
4. FEI Number 65-0788718.	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No N/a.	

2. Principal Place of Business	2a. Mailing Address
21 9808 NW 80th Ave. #101	26 9808 NW 80th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Bay 101	27 Bay 101
City & State	City & State
23 Hialeah Gardens, FL	28 Hialeah Gardens, FL
Zip Country	Zip Country
24 33016-2326 MIAMI-DADE	29 33016-2326 MIAMI-DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Aliette Oliva  
9808 NW 80th Ave., Bay #101.  
Hialeah Gardens, FL 33016-2326

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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 re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINEDA, RENE.	1.2 NAME	PINEDA, RENE.
STREET ADDRESS	9808 NW 80TH AVE., BAY #101.	1.3 STREET ADDRESS	9808 NW 80TH AVE., BAY #101.
CITY - ST - ZIP	HIALEAH GARDENS, FL 33016-2326	1.4 CITY - ST - ZIP	HIALEAH GARDENS, FL 33016-2326
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VPSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	LLACER, SAMUEL.
STREET ADDRESS		2.3 STREET ADDRESS	9808 NW 80TH AVE., BAY #101.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	HIALEAH GARDENS, FL 33016-2326
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	700002631997 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-09/04/98--01047--012
STREET ADDRESS		5.3 STREET ADDRESS	***150.00
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: SAMUEL LLACER.

JUL/15/1998 (305) 362-4538.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

2

July 15, 1998.

Annual Reports Filings.  
Division of Corporations.  
PO Box 6327.  
Tallahassee, FL 32314-6327

Dear Annual Reports Section:

In view that we have not received the annual report preprinted form, we are enclosing the required annual report form along with a check in the amount of \$150. to cover the 1998 filing fee.

Please wave the \$400. penalty if any. We have inquired everywhere for the preprinted forms (the rental office, post office, etc.) and have not been able to locate them. Rest assure that we always are in the best disposition to comply with filings deadlines, responding immediately when notices are dully received.

Thank you for your prompt attention.

Sincerely,



Samuel Llacer.  
Vice President/Secretary.

Enclosure.

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Erin Fashions, Inc.

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9808 NW 80TH AVE., HIALEAH GARDENS, FL 33016

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