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 # P97000101033 (3)

PALM BEACH FASHIONS, INC.

FILED Jun 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				4 (BOTINGE) DIO INTIL FORM BRIT BUTTL BOTTL BOTTL BOTTL FINIT BOTTL FINIT BOTTL FINIT BOTTL FINIT BOTTL		
8 LAS SENDAS 6 LAS SENDAS						
BOYNTON BEACH FL 33426		BOYNTON BEACH FL 33426				DO NOT WORK IN THE ODAOS
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
						12/01/1997
2. Principal Pla	ace of Business	2a, Mailing Address		-		4 FEI Number
21		26				65-08/8008 Not Applicable
Suite, Apt. #	I, elc.	Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Cour	otry		Trust Fund Contribution
24	25	29	30	iii y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	g, Name and Address of Currer		30			10. Name and Address of New Registered Agent
FRI	EDMAN, MARC			81	Name	
	AS SENDAS			-	Chres	Address (D.O. Day Number is high Association)
	INTON BEACH FL 33426			82	Street /	Address (P.O. Box Number is Not Acceptable)
.			f	В3		
\			}	04	City	ar Zio Codo
			[84	City	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutes, the ab	ove	named	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
agent Larr	i gister ed agent, or both, in the State n fam iliar with, and accept the oblig	ations of, Section 607,0505,	s aumonzed Florida Statu	utes	une corp i	rporation a poard of directors. I hereby accept the appointment as registered
SIGNATURE						
8	Signature, typod or printed name of repistered ag	· - · - · - · - · · · · · · · · · · · ·		Apni	nt signature	re required when reinstating) DATE
12.	PTD OFFICERS AN	ID DIRECTORS DELFTE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	LAHAV, REUVEN		1.1 ได้ไ			Cusufe Casulon
NAME	6 LAS SENDAS		1,2 NAI		1000000	
STREET ADDRESS	BOYNTON BEACH FL 33426				ADDRESS	
CITY-ST-ZIP	VSD	DELLTE	1.4 CIT 2.1 TIT		1- <i>1</i> 17	☐ Change ☐ Addition
NAME	LAHAV, CATHERINE		2.2 NA]	
STREET ADDRESS	6 LAS SENDAS				ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		2.4 CI			
TITLE		DELETE	3.1 TITE			Change Addition
NAME			3.2 NAI	ME		
STREET ADDRESS			3.3 STF	REET	ADDRESS	
CITY+ST-ZIP			3.4. Ci1	TY-S	T-ZIP	
TITLE		☐ DELETE	4 1 TITI	LE		Change Addition
NAME			4 2 NA	MÉ		
STREET ADDRESS			4 3 STR	REET	ADDRESS	
CITY-ST-ZIP			4 4 CIT	Y-S1	I-ZIP	
TITLE		☐ DELETE	5 1 TIT	Lf		Change Addition
NAME			52 NA	MĒ		
STREET ADDRESS			5 3 STR	AEET A	address	
CITY-ST-ZIP			5 4 CiT	Y-\$1	- ZIP	
TITLE		DELETE	6 1 TITE	LE		BOCOUSSTOS Addition
NAME			6.2 NA	ME		-06/11/9801079039 V.\\\
STREET ADDRESS			6.3 STR	REET /	ADDRESS	***150.08
CITY+ST-ZIP			6.4 CIT	Y - ST	- 7iP	10002200100

14. Thereby 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 early 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 changes for on an attachment with an address 561