

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90045 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000028415
 1. Corporation Name
ASIS FASHIONS, INC.



Principal Place of Business 13325 S.W. 1ST TERRACE MIAMI FL 33184	Mailing Address 13325 S.W. 1ST TERRACE MIAMI FL 33184
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/26/1998

2. Principal Place of Business 21	2a. Mailing Address 26	FEI Number <input checked="" type="checkbox"/> APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
GONDAR, JULIO R
 13325 S.W. 1ST TERRACE
 MIAMI FL 33184

10. Name and Address of New Registered Agent
 81 Name **FIDEL LOPEZ**
 82 Street Address (P.O. Box Number is Not Acceptable)
4710 S.W. 89 CT.
 83 **MIAMI FLA**
 84 City **MIAMI** 85 Zip Code **33155**

11. Pursuant to the provisions of Sections 607.0552 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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ASIS, FIDEL	
STREET ADDRESS	1455 N.W. 107 AVE. #576	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	GONDAR, JULIO R	
STREET ADDRESS	13325 S.W. 1ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOPEZ, ILEANA	
STREET ADDRESS	1455 N.W. 107 AVE. #576	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GONDAR, CRISTINA	
STREET ADDRESS	13325 S.W. 1ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/14/99** Daytime Phone # **305 252 484**

CR2E034 (11/98)