


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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1998

FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

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

FL

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

Signature of officer or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASIS, FIDEL	1.2 NAME	
STREET ADDRESS	1455 N.W. 107 AVE. #576	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONDAR, JULIO R	2.2 NAME	
STREET ADDRESS	13325 S.W. 1ST TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ILEANA	3.2 NAME	
STREET ADDRESS	1455 N.W. 107 AVE. #576	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONDAR, CRISTINA	4.2 NAME	
STREET ADDRESS	13325 S.W. 1ST TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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 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

Daytime Phone #

-CR2E034 (11/98)