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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # PORODODORSEO

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90215 003 \*\*\*150.00

1. Corporation VANA FA	ASHIONS, INC.					
Principal Place	e of Business	Mailing Address				
2142 NW 20 ST. #5 2142 NW 20 ST. #5						
MIAMI FL 33142 MIAMI FL 33142			DO NOT WRITE IN THIS SPACE			
				Date Incorporated or Qualifed	E II THO OF AGE	-
				04/01/1998	• • •	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	A	pplied For
4		26		65-082310	5   N	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional
2		27		3. Certificate of Status Desired	Fee R	equired
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre		<b>3</b> -2.
24	25	29 3	0	Personal Property Tax.	☐ Yes	XNo
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
PFA	<del>E7 NOFI</del>			Alexander	MUI	
	NW 27TH STREET			ddress (P.O. Box Number is Not Acceptal	ole)	
MIAMI EL 22172			83	13 p NW 31	<u> </u>	
			63			
			84 City	84 City M/AM) FL 85 Zip Code 33172		
office or r agent. I a SIGNATURE	egistered agent, or both in the State in amiliar with, and accept the obligation of the state of the obligation of th	e of Florida, Such change was authations of, Section 607.0505, Florid	horized by the corpor da Statutes.  egistered Agent signature req	orporation submits this statement for the lation's board of directors. I hereby acceptured when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	99
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	-PEREZ-NOCL			W 1)		
STREET ADDRESS			1.2 NAME	Alexanner Mu		
	=9912 NW 27TH STREET			Alexander Mu	T(	
	=9912 NW 27TH STREET		1.2 NAME	Alexander Mu agga NW 315 MIGMI FL		
CITY-ST-ZIP		☐ DELETE	1.2 NAME 1.3 STREET ADDRESS	9936 NW_315	T(	Addition
CITY-ST-ZIP TITLE	MIAMI FL 93172	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	9936 NW_315	T 5T 33172	
CITY-ST-ZIP TITLE NAME	MAMI FL-33172	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	9936 NW_315	T 5T 33172	
CITY-ST-ZIP TITLE NAME STREET ADORESS	-MIAMI-FL-93172- -VD	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	9936 NW_315	T 5T 33172	
CITY-ST-ZIP TITLE NAME	MIAMI FL 33172 VD PEREZ, VIVIAN 9912 NW 27TH STREET	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	9936 NW_315	T 5T 33172	
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	MIAMI FL 33172 VD PEREZ, VIVIAN 9912 NW 27TH STREET		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	9936 NW_315	0T 5T 33172 □Change	Addition
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: