

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90089 015 \*\*\*150.00

DOCUMENT # **P98000030100**

1. Corporation Name  
**FASHION FOR KIDZ INC.**



Principal Place of Business  
**3811 NW 7 ST.  
MIAMI FL 33126**

Mailing Address  
**3811 NW 7 ST.  
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/01/1998**

4. FEI Number

**65-0836721**

Applied For

Not Applicable

6. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**8. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be  
Added to Fees**8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAL SIMON  
3811 NW 7 ST.  
MIAMI FL 33126**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **TAL SIMON**  
STREET ADDRESS **3811 NW 7 ST.**  
CITY-ST-ZIP **MIAMI FL 33126**

1.1 TITLE ☐ Change ☐ AdditionNAME **DV** ☐ DELETE

STREET ADDRESS **TAL JOSEF**  
CITY-ST-ZIP **3811 NW 7 ST.**  
**MIAMI FL 33126**

1.2 NAME

STREET ADDRESS **3811 NW 7 ST.**

1.3 STREET ADDRESS

CITY-ST-ZIP **MIAMI FL 33126**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **TAL JOSEF**  
STREET ADDRESS **3811 NW 7 ST.**  
CITY-ST-ZIP **MIAMI FL 33126**

2.1 TITLE ☐ Change ☐ AdditionSTREET ADDRESS **3811 NW 7 ST.**

2.2 NAME

CITY-ST-ZIP **MIAMI FL 33126**

2.3 STREET ADDRESS

TITLE ☐ DELETE

2.4 CITY-ST-ZIP

NAME ☐ DELETE3.1 TITLE ☐ Change ☐ AdditionSTREET ADDRESS ☐ DELETE

3.2 NAME

CITY-ST-ZIP ☐ DELETE

3.3 STREET ADDRESS

TITLE ☐ DELETE

3.4 CITY-ST-ZIP

NAME ☐ DELETE4.1 TITLE ☐ Change ☐ AdditionSTREET ADDRESS ☐ DELETE

4.2 NAME

CITY-ST-ZIP ☐ DELETE

4.3 STREET ADDRESS

TITLE ☐ DELETE

4.4 CITY-ST-ZIP

NAME ☐ DELETE5.1 TITLE ☐ Change ☐ AdditionSTREET ADDRESS ☐ DELETE

5.2 NAME

CITY-ST-ZIP ☐ DELETE

5.3 STREET ADDRESS

TITLE ☐ DELETE

5.4 CITY-ST-ZIP

NAME ☐ DELETE6.1 TITLE ☐ Change ☐ AdditionSTREET ADDRESS ☐ DELETE

6.2 NAME

CITY-ST-ZIP ☐ DELETE

6.3 STREET ADDRESS

TITLE ☐ DELETE

6.4 CITY-ST-ZIP

SIGNATURE: **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-18-99**

CR2E034 (1/98)