

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90008 045 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000058007
 Corporation Name

TOTAL FASHIONS, INC.

Principal Place of Business
 310 WEST WATERS AVENUE
 SUITE G
 TAMPA FL 33604

Mailing Address
 2310 WEST WATERS AVENUE
 SUITE G
 TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

Principal Place of Business 7405 W Rome Ave Suite, Apt. #, etc.		2a. Mailing Address 26 7405 W Rome Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/30/1998		4. FEI Number 59-3519040		Applied For <input type="checkbox"/> Not Applicable	
City & State Tampa FLA		27 Tampa FLA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip 33604		28 Tampa FLA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Country Hillboug		29 33604		30 Hillboug		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

81 Name		10. Name and Address of New Registered Agent	
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		FL 85 Zip Code	

I, 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 reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PSID GARCIA, TAMPA S 2310 WEST WATERS AVENUE TAMPA FL 33604	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		1.2 NAME	
3. CITY-ST-ZIP		1.3 STREET ADDRESS	
4. DELETE	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
5. NAME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS		2.2 NAME	
7. CITY-ST-ZIP		2.3 STREET ADDRESS	
8. DELETE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
9. NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY-ST-ZIP		3.3 STREET ADDRESS	
12. DELETE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-ST-ZIP		4.3 STREET ADDRESS	
16. DELETE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
17. NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY-ST-ZIP		5.3 STREET ADDRESS	
20. DELETE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY-ST-ZIP		6.3 STREET ADDRESS	
24. DELETE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-99 813935-1208
 Date Daytime Phone #

CR2E034 (5/99)