

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90116 038 ***150.00

DOCUMENT # P98000061974

1. Corporation Name
AMERICAN TOP FASHION'S INC.

Principal Place of Business

14 N.E. 1ST AVENUE
SUITE 1103-A
MIAMI FL 33132

Mailing Address

14 N.E. 1ST AVENUE
SUITE 1103-A
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1998

4. FEI Number

65-0850761

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. 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

21 19195 NE 36th Ct

Suite, Apt. #, etc.

22 3003

City & State

23 North Miami Beach

Zip

24 33180

Country

25 Miami-Dade

Zip

Country

30

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

9. Name and Address of Current Registered Agent

ALVAREZ, ADRIANA
14 N.E. 1ST AVENUE
SUITE 1103-A
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name CARLOS E GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable)
19195 NE 36th Ct # 3003
83
84 City North Miami Beach FL 85 Zip Code 33180

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 Carlos E. Gonzalez DATE 4/27/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME ALVAREZ, ADRIANA
STREET ADDRESS 14 N.E. 1ST AVENUE
CITY-ST-ZIP MIAMI FL 33132

TITLE S ☒ DELETE
NAME ALVAREZ, ADRIANA
STREET ADDRESS 14 N.E. 1ST AVENUE
CITY-ST-ZIP MIAMI FL 33132

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME CARLOS E GONZALEZ
1.3 STREET ADDRESS 19195 NE 36th Ct # 3003
1.4 CITY-ST-ZIP North Miami Beach FL 33180

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME CARLOS E GONZALEZ
2.3 STREET ADDRESS 19195 NE 36th Ct # 3003
2.4 CITY-ST-ZIP North Miami Beach FL 33180

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 Carlos E. Gonzalez DATE 2/17/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)