

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  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90096 001 \*\*\*150.00

DOCUMENT # P98000066938

1. Corporation Name

NEW YORK DESIGNER'S OUTLET CORP.

Principal Place of Business

1925 BRICKELL AVENUE  
SUITE D206  
MIAMI FL 33129

Mailing Address

1925 BRICKELL AVENUE  
SUITE D206  
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1998

4. FEI Number

65-057563

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 New York Designer's Outlet.

Suite, Apt. #, etc.

22 250 E. Palm Dr. #470

City & State

23 Florida City, Fl.

Zip

24 33034

Country

25 U.S.A.

2a. Mailing Address

26 New York Designer's Outlet.

Suite, Apt. #, etc.

27 7200 N.W. 7 St. First Fl.

City & State

28 Miami

Zip

29 Fl.

Country

30 33126

9. Name and Address of Current Registered Agent

BESU, ROGER  
1925 BRICKELL AVENUE  
SUITE D206  
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

New York Designer's Outlet

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

7200 N.W. 7 St. First Fl.

83

84 City

Miami

FL

85 Zip Code

33126

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

4/5/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME BESU, ROGER  
STREET ADDRESS 1925 BRICKELL AVENUE SUITE D206  
CITY-ST-ZIP MIAMI FL 33129

TITLE V.P. ☐ DELETE

NAME J.C. Pascual c/o New York Designer's  
STREET ADDRESS 7200 N.W. 7 St. First Fl.  
CITY-ST-ZIP Miami, Fl. 33126

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

4/5/99

DATE

Daytime Phone #

(305) 262-8011

CR2E034 (11/98)

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