**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000070244 1. Corporation Name

TRANS-ATLANTIC FASHIONS, INC.

Principal Place of Business 1318 GATEWAY DRIVE LANGANA FL 33462

Mailing Address

1318 GATEWAY DRIVE

Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90110 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

	1740	gift five N. LAKE WORTH, FUE	22460	3. Date Incorporated or Qualifed			
2.	Principal Place of Business	2a. Mailing Address	99100	08/10/1998 4. FEI Number 65-085-753	.0	Applied For Not Applicable	
<u>.</u> او	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5Certifcate of Status Desired	1 1	75 Additional ee Required	
3	City & State	City & State		Election Campaign Financing     Trust Fund Contribution	1 1	.00 May Be ided to Fees	
4	Zip Country	Zip Cou 29 30	entry	This corporation owes the curre     Personal Property Tax.	ent year Intangible		
	9. Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent				
PIIRA TI IOMO M			81 Name  82 Street Address (P.O. Box Number is Not Acceptable)				

1318 GATEWAY DRIVE LANTANA FL 33462

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.

agent. I am tamiliar with, and accept the obligations of Section 607.0000, Florida Statutes.									
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition						
NAME	PIIRA, LESLIE O	1.2 NAME	1740 1874 AVE N. LAKE WORTH FLORIDA 33460						
STREET ADDRESS	1318 GATEWAY DRIVE	1.3 STREET ADDRESS	LARD WORTH FURIOR 33460						
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP							
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addition						
NAME	PIIRA, TUOMO M	2.2 NAME	1740 18TH AVE LAKE WORTH FURIDA 33460						
STREET ADDRESS	1318 GATEWAY DRIVE	2.3 STREET ADDRESS	THE WAR CORNER SALLS						
CITY-ST-ZIP	L'ANTANA FL-33462	2.74 CITY-ST-ZIP	LACE WORTH, FURING 25-10						
ΠLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition						
NAME		3.2 NAME							
STREET ADDRESS	•	3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition						
NAME		4.2 NAME							
STREET ADDRESS	•	4.3 STREET ADDRESS							
CTY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition						
NAME		5.2 NAME	. ,						
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition						
NAME		6.2 NAME							

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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

STREET ADDRESS