

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  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90064 019 \*\*\*150.00

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1. Corporation Name

FASHION RESOURCES, INC.



Principal Place of Business

2100 WEST 74TH STREET  
SUITE 403  
HIALEAH FL 33016-5504

Mailing Address

2100 WEST 74TH STREET  
SUITE 403  
HIALEAH FL 33016-5504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1998

2. Principal Place of Business

21 2100 WEST 76TH STREET

Suite, Apt. #, etc.

22 # 403

City & State

23 HIALEAH, FLORIDA

Zip

24 33016

Country

25 MIAMI DADE

2a. Mailing Address

26 2100 WEST 76TH STREET

Suite, Apt. #, etc.

27 # 403

City & State

28 HIALEAH, FLORIDA

Zip

29 33016

Country

30 MIAMI DADE

4. FEI Number

65-0862815

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.

☐

☒ No

9. Name and Address of Current Registered Agent

ALVARADO, MIGDALIA E  
2100 WEST 74TH STREET  
SUITE 403  
HIALEAH FL 33016-5504

10. Name and Address of New Registered Agent

81 Name

ALVARADO, MIGDALIA E

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

2100 WEST 76TH STREET # 403

83

SUITE # 403

84 City

HIALEAH,

FL

85 Zip Code

33016

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P/S/D  
STREET ADDRESS PORTNOY, JOSE  
CITY-ST-ZIP 2100 WEST 76TH STREET #403  
HIALEAH, FLORIDA 33016

TITLE ☐ DELETE

NAME T/D  
STREET ADDRESS ALVARADO, MIGDALIA E.  
CITY-ST-ZIP 2100 WEST 76TH STREET # 403  
HIALEAH, FLORIDA 33016

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/99

(305) 231-7757

Date

Daytime Phone #

CR25034 (11/98)