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

DOCUMENT # P98000079131

1. Corporation Name

FASHION 2000, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90126 040 ***150.00



Principal Place	e of Business	Mailing Address				ווי ועועו עוסגון ו)
2000 NW 20TH STREET 2000 NW 20TH STREET MIAMI FL 33142 MIAMI FL 33142					DO NOT WRITE IN THIS SPACE		
				4	3. Date Incorporated or Qualifed 09/08/1998		
· 2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21					65-0868655		Not Applicable
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.	i '		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	CountryZipC		Countr	Country 8. This corporation owes the current ye		ntangible	_
24	25	29 30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	i Agent	
641 181	IOT ALBERTO		8	1 Name			-
MUNOZ, ALBERTO			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
2000 NW 20TH STREET			L				
MAIM	AI FL 33142		8	3			
	er e		8	4 City	F	85 Zis	p Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	nzed b	y tne corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing i	its registered registered
SIGNATURE	the second						
	Signature, typed or printed name of registered age	·· ···································		ent signature require	ed when reinstating) DATE	ND DIDEO	TODO IN 42
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE '	-PD: Caraco	— DELETE	1.1 TITLE		جوزيون بيستن واستان والراجب استعاد	☐ Change	ا برناستهمراً .
NAME !	MUNOZ, ALBERTO		1.2 NAME				}
STREET ADDRESS	2000 NW 20TH STREET			ET ADDRESS			ì
C/TY-ST-ZIP	MIAMI FL 33142	- Delete	1.4 CITY-			Change	e
πιΕ	STD	☐ DELETE	2.1 TITLE	1			0 () ()
NAME	MUNOZ, LILLIAM	•	2.2 NAME		,		ì
STREET ADDRESS				ET ADDRESS			<u> </u>
CITY-ST-ZIP			2. 4 CITY			☐ Change	e Addition
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NAME			3.2 NAME				
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NAME	•			ET ADDRESS			
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NAME	. •			ET ADDRESS			Ì
STREET ADDRESS			5.4 CITY-				1
CITY-ST-ZIP		> DELETE	6.1 TITLE		المرافق ما المواقع الم	Change	e 🔲 Addition
			6.2 NAME			•	
NAME		, ,		ET ADDRESS	·	٠.	}
STREET ADDRESS			64 CITY-	I			

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 of 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 attaginger with an address with all other like empowered.

SIGNATURE: