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 # P98000084000

1. Corporation Name

Principal	Place	of	Busi	ness

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90004 001 ***150.00

VICTOR	r fashion, inc.						
Principal Plac	e of Business	Mailing Address			I (\$801220) 218 (\$100 (\$12) \$850 (\$81) \$850 (\$81) (\$10) (\$10) (\$10) (\$10) (\$10)		
2661 NW 5TH MIAMI FL 3312		2669 NW 5TH AVE. MIAMI FL 33127			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 09/29/1998		
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 0866483 Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip			8. This corporation owes the current year Intangible Personal Property Tax.		
24	9. Name and Address of Current		30		10. Name and Address of New Registered Agent		
		Registered Agent		81 Name	Thu, soun Jac		
-CHO, SANDY H -2750 NW 3RD AVE.			82 Street Address	ess (P.O. Box Number is Not Acceptable)			
-MA	MI FL 33127			83			
				84 City M.	Gm; FL 85 Zip Code 33/27		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was a	uthorized	bove-named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered agent	end title if applicable. (NOTE	: Registered	Agent signature required	d when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TO	r.E	☐ Change ☐ Addition		
NAME	CHO, SOON JAE		1.2 N	ME			
STREET ADDRESS			1.3 \$1	REET ADORESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33028	PINES FL 33028 1.4 C		TY-ST-ZIP			
TITLE	SD	☐ DELETE	2.1 Tr	}	☐ Change ☐ Addition		
NAME	CHO, KEA SOON		2.2 NA	· · · · ·	·		
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33028	☐ DELETE	_	TY-ST-ZIP	Change Addition		
TITLE		☐ DELETE	3.1 Tri		Change C Addition (
NAME			3.2 NA				
STREET ADDRESS				REET ADDRESS	·		
CITY-ST-ZIP TITLE		DELETE	4.1 TF	TY-ST-ZIP	☐ Change ☐ Addition		
NAME		C OFFEIG	4.1 II	}	C susings D required		
	}			REET ADDRESS			
STREET ADDRESS			ı	j.			
CITY-ST-ZIP	 	☐ DELETE	4.4 CI 5.1 TI	TY-ST-ZIP	☐ Change ☐ Addition		
NAME			5.2 NA				

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. A or an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition