07271999-90027-010-\$150.00-\$150.00 FILED Jul 27, 1999 8:00 am AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO PEINSTATE: \$750). Secrétary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** ANNUAL REPORT 07-27-1999 90027 010 ***150.00 Secretary of State **DIVISION OF CORPORATIONS** 1999 **DOCUMENT #** P98000092428 609104 - 90011 - 32 **BOOM YOUTH FASHIONS INC.** Principal Place of Business Mailing Address 231 NW 45TH AVE 231 NW 45TH AVE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1998 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5:00 May 8e City & State 6. Election Campaign Financing City & State Added to Fess Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Zlp Country Yes Intangible Personal Property. 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name TIMMINS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 231 NW 45TH AVE **DEERFIELD BEACH FL 33442** 83 84 City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applic

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. _ Change L Addition , I TITLE TITLE _ DELETE .2 NAME Michael NAME Yimmins 231 N.W. 45 th AUC 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CHTY-ST-ZIP Change Addition 2.1 TITLE DELETE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS _STREET_ADORESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE OELETE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE DELETE TITLE R 2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 20, 1999 (954) 419.1656

CR2E034 (5/99)

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