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 May 10, 1999 8:00 am Secretary of State

05-10-1999 90013 040 ***150.00

DOCUMENT # P98000100447

1. Corporation Name

CHILDREN FASHIONS INTERNATIONAL, INC.

| Principal Plac | | | | | | - I TEALTOOL TO ISION TOTAL ORING ABOUT BOTH TOTAL SET IN SERVICE ORIGINAL SERVICES OF THE PROPERTY OF THE PRO |
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| | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualifed |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 12/02/1998 4. FEI Number Applied For |
| | lace of Business | 2a. Mailing Address | | | | 59-3545395 Not Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | · | | | \$8.75 Additional |
| 22 | 27 | | | | | 5. Certificate of Status Desired Fee Required |
| | City & State City & State | | | | | 6. Election Campaign Financing 55.00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Cou | intry | | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New Registered Agent |
| 0.454 | 17 DI ANGA 14 | | | 81 | Name | |
| | • | | | 82 | Street Addres | ess (P.O. Box Number is Not Acceptable) |
| | | | | $\sqcup \bot$ | | |
| UKLA | INDU FL 32826 | | | 83 | | |
| 9. Name and Address of Current Register SAENZ, BLANCA M 4235 MENDENWOOD LANE ORLANDO FL 32826 11. Pursuant to the provisions of Sections 607.0502 and 607 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of State of Signature Signature OFFICERS AND DIRECT OFFICERS AND DIRECT ITLE D SAENZ, BLANCA M STREET ADDRESS 4235 MENDENWOOD LANE ORLANDO FL 20000 | | | | 84 | City | 85 Zip Code |
| | | | | | | |
| 11. Pursuant | to the provisions of Sections 607.050: | 2 and 607.1508, Florida Sta | tutes, the a | bove- | named corpor | oration submits this statement for the purpose of changing its registered |
| agent. I a | m familiar with and accept the obligat | ions of, Section 607.0505, | Florida Stati | utes/ | ne dolpgiation | |
| (A) A CONTRACTOR | | | | | awant | hound (Vice) 4/21/99 |
| 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | | | | Agent | signature required | |
| 12. | · | | 13. | | | ADDMIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition |
| | _ | ☐ DELETE | 1.1 TT | | | Change Addition |
| | , | | 1.2 NA | | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP_ | | ☐ DELETE | | TY-ST- | ZIP | ☐ Change ☐ Addition |
| TITLE | D CAENT CADLOG A | | 2.1 Ti | | | |
| , | SAENZ, CARLOS A | | 2.2 N | | | |
| | 4235 MENDENWOOD LANE ORLANDO FL 32826 | | | | ADDRESS | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP 3.1 TITLE | | ☐ Change ☐ Addition |
| TIRE | | ال مردورة | 3.1 II | | | C Strange Treesland |
| NAME STREET ASSOCIA | | | | _ | ADDDESS | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. C | MY-ST TLF | - 4.16" | ☐ Change ☐ Addition |
| NAME . | | | 4.2N | | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | TY-ST- | | |
| TITLE | | ☐ DELETE | 5.1 TI | | <u> </u> | ☐ Change ☐ Addition |
| NAME | | | 5.2 NA | | | |
| STREET ADDRESS | | | 5.3 ST | REETA | ADDRESS | |
| CITY-ST-ZIP | | | | TY-ST- | | |
| TITLE | | ☐ DELETE | 6.1 TI | | | ☐ Change ☐ Addition |
| NAME | | | 6.2 N | ME | | - |
| STREET ADDRESS | | | 6.3 ST | REET | ADORESS | |
| CITY-ST-ZIP | | | 6.4 CI | TY-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 13 if cyanged, oy on an attachment with an address, with all other like empowered.

SIGNATURE