FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 16 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S57481** **(1)**

1. Corporate Name
EUROPEAN FASHION GROUP, INC.

Principal Place of Business
3403 MAIN HWY
COCONUT GROVE FL 33133

Mailing Address
3403 MAIN HWY
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/05/1991**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business
21
Suite, Apt. # or
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. # or
27
City & State
28
29 30

4. FEI Number: **65-0265992** 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

9. Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

~~SMEETS, INGRID HOFFMAN~~
~~284 LAS BRISAS CT~~
~~CORAL GABLES FL 33146~~

10. Name and Address of New Registered Agent

81 Name: INGRID HOFFMAN
82 Street Address (P.O. Box Number is Not Acceptable): 3403 Main Hwy.
83
84 City: Coconut Grove FL 85 Zip Code: 33133

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS

PD
SMEETS, INGRID HOFFMAN
284 LAS BRISAS CT
CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[X] Change [ ] Addition
Ingrid Hoffman
3403 Main Hwy
Coconut Grove, FL 33133

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I DO HEREBY CERTIFY that the information supplied with this filing is absolutely 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 with an asterisk (*) or on an attached sheet with an asterisk.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

0135942 CP