

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S57481**

(1)

1. Corporation Name:

EUROPEAN FASHION GROUP, INC.

APPROVED
AND
FILED

95 MAY 16 PM 8:15

RECEIVED
TALLAHASSEE, FLORIDA

Principal Place of Business
**3403 MAIN HWY
COCONUT GROVE FL 33133**

Mailing Address
**3403 MAIN HWY
COCONUT GROVE FL 33133**

(PLEASE WRITE IN THIS SPACE)

3. Date incorporated or qualified 06/05/1991	3a. Date of last report 04/20/1994
4. FFI 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
7. This corporation has adopted the uniform bookkeeping system of the Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # or etc.	26. State, Apt. # or etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

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. City Coconut Grove
84. City Coconut Grove
85. Zip Code FL 33133

11. Pursuant to the provisions of Sections 607.01(4)(g) and 607.01(4)(h) 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 607.01(4)(g) Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PD	1. NAME SMEETS, INGRID HOFFMAN	1. TITLE ☒ Change ☐ Addition	1. NAME Ingrid Hoffman
2. STREET ADDRESS 284 LAS BRISAS CT	2. STREET ADDRESS 3403 Main Hwy	2. STREET ADDRESS ☐ Change ☐ Addition	2. STREET ADDRESS Coconut Grove, FL 33133
3. CITY, ST. ZIP CORAL GABLES FL	3. CITY, ST. ZIP Coconut Grove, FL 33133	3. CITY, ST. ZIP ☐ Change ☐ Addition	3. CITY, ST. ZIP Coconut Grove, FL 33133
4. TITLE	4. NAME	4. TITLE	4. NAME
5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS
6. CITY, ST. ZIP	6. CITY, ST. ZIP	6. CITY, ST. ZIP	6. CITY, ST. ZIP
7. TITLE	7. NAME	7. TITLE	7. NAME
8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS
9. CITY, ST. ZIP	9. CITY, ST. ZIP	9. CITY, ST. ZIP	9. CITY, ST. ZIP
10. TITLE	10. NAME	10. TITLE	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST. ZIP	12. CITY, ST. ZIP	12. CITY, ST. ZIP	12. CITY, ST. ZIP
13. TITLE	13. NAME	13. TITLE	13. NAME
14. STREET ADDRESS	14. STREET ADDRESS	14. STREET ADDRESS	14. STREET ADDRESS
15. CITY, ST. ZIP	15. CITY, ST. ZIP	15. CITY, ST. ZIP	15. CITY, ST. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 121.02(1)(b) Florida Statutes. I further certify that the information included 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes, and that my name appears on the back of this filing. I am an officer or director of this corporation.

SIGNATURE:

(Signature and Printed Name of Signing Officer or Director)