FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # **S77648** **(1)**

1. Corporation Name
WHITE TRASH COUTURE, INC.

Principal Place of Business
4000 NORTH MIAMI AVENUE
MIAMI FL 33127
US

Mailing Address
4000 NORTH MIAMI AVE
3925 E. 10TH CT.
MIAMI FL 33127-2810
US

3. Date Incorporated or Qualified: 09/03/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 48 East Flagler St.
Suite, Apt. #, etc. 22 #4
City & State 23 Miami, FL
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 48 East Flagler St.
Suite, Apt. #, etc. 27 #4
City & State 28 Miami, FL
Zip 29 33131 Country 30 USA

4. FEI Number: 65-0296253 — 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
OHANIAN, DEBRA
4000 NORTH MIAMI AVE
MIAMI FL 33127

10. Name and Address of New Registered Agent
81 Name: Debra Ohanian
82 Street Address (P.O. Box Number is Not Acceptable): 48 East Flagler St. #4
83
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0505 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 [signature] 5-1-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	OHANIAN, DEBRA	
STREET ADDRESS	4000 NORTH MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Debra Ohanian	
1.3 STREET ADDRESS	48 East Flagler St. #4	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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] 5-1-97 (305) 372-1773

CR2E034 (9/96)