

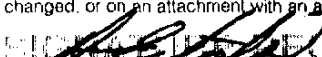


Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 24 1997 8:00am Secretary of State	
DOCUMENT # S84171 (5) 1. Corporation Name SUPER FASHIONS XV, INC.							
Principal Place of Business 1865 NW 20TH STREET MIAMI FL 33142				Mailing Address 1865 NW 20TH STREET MIAMI FL 33142-7431		3. Date Incorporated or Qualified 09/30/1991	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3a. Date of Last Report 05/01/1996	
				4. FEI Number 65-0291116		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent ESTRADA, ARMANDO 1865 N.W. 20TH STREET MIAMI FL 33142				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			
11. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <del>XX</del> <input type="checkbox"/> DELETE				1.1 TITLE PST/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <del>XX</del> ESTRADA, ARMANDO <del>XXX</del>				1.2 NAME Armando Estrada			
STREET ADDRESS <del>XX</del> 1865 NW 20TH STREET <del>XX</del>				1.3 STREET ADDRESS 1865 N.W. 20th ST			
CITY - ST - ZIP <del>XX</del> MIAMI FL <del>XXX</del>				1.4 CITY - ST - ZIP Miami, FL. 33142			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				2.2 NAME Elisa Estrada			
STREET ADDRESS				2.3 STREET ADDRESS 1865 N.W. 20th ST.			
CITY - ST - ZIP				2.4 CITY - ST - ZIP Miami, FL. 33142			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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:  3-21-97							