**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**
**AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 18 AM 8:20

DOCUMENT # **S98190** **(9)**

1. Corporation Name

**HIGH FASHION IMPORTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~6040 BAYWOOD PARK DR~~<br>~~SEMINOLE FL 34647~~ | ~~6040 BAYWOOD PARK DR.~~<br>~~SEMINOLE FL 34647~~ |

DO NOT WRITE IN THIS SPACE.

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 12/03/1991 | 03/24/1994 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 12645 2ND ST E. 104 | 26 SAME |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 TREASURE ISLAND FL | City & State<br>28 |
| Zip<br>24 33706 | Country<br>25 PINELLAS |
| Zip<br>29 | Country<br>30 |

4. FEI Number: 59-3096276 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| ~~KAZAKOW, IVAN~~ KRISTINA KAZAKOW<br>~~6040 BAYWOOD PARK DR~~ 12645 2ND ST. E. 104<br>~~SEMINOLE FL 34647~~ TREASURE ISLAND FL 33706 | 81 Name: KRISTINA KAZAKOW<br>82 Street Address (P.O. Box Number is Not Acceptable): 12645 2ND ST. E. 104<br>83<br>84 City: TREASURE ISLAND FL 85 Zip Code: 33706 |

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 X _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | P ☒ Change ☐ Addition |
| NAME | ~~KAZAKOW, IVAN~~ | 12 NAME | KRISTINA KAZAKOW |
| STREET ADDRESS | ~~6040 BAYWOOD PARK DRIVE~~ | 13 STREET ADDRESS | 12645 2ND ST. E. 104 |
| CITY-ST-ZIP | ~~SEMINOLE FL~~ | 14 CITY-ST-ZIP | TREASURE ISLAND FL 33706 |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0118422 CP