

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V12959 (5)

1. Corporation Name

RADICAL FASHIONS OF FORT LAUDERDALE, INC.

Principal Place of Business

**2265 W. BROWARD BLVD.
SUITE 1401
FT. LAUDERDALE FL 33312
US**

Mailing Address

**567 TRACE CIRCLE
STE 209
DEERFIELD BCH. FL 33441-851
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3107997

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.042,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. # etc.

Suite, Apt. # etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHEHAB, BILAL
117 LAKE EMERALD DR
UNIT #306
FT. LAUDERDALE FL 33309**

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 607.1506, 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 Sections 607.0506, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent Accepting Appointment)

(Signature of Registered Agent Accepting Appointment)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
**DP
CHEHAB, BILAL
117 LAKE EMERALD DR #306
FT. LAUDERDALE FL**

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
**DV
CHEHAB, RIAD
567 TRACE CIRCLE #209
DEERFIELD BCH. FL**

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, STATE, ZIP

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Sections 199.042(3)(b), 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. 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 Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE:

RIAD CHEHAB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RIAD CHEHAB VP/DR 1/19/1995 (305) 791-4749