

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

1. Corporation Name

**RADICAL FASHIONS OF FORT LAUDERDALE, INC.**

Principal Place of Business		Mailing Address	
<del>2265 W. BROWARD BLVD.</del> <del>SUITE 1401</del> <del>FT. LAUDERDALE FL 33312</del> US		<del>667 TRACE CIRCLE</del> <del>STE 209</del> <del>DEERFIELD BCH. FL 33441-861</del> US	
2. Principal Place of Business		2a. Mailing Address	
21	3161 W. OAKLAND PRK BLVD. Suite, Apt. #, etc.	25	117 LAKE EMERALD DR. Suite, Apt. #, etc.
22	SUITE # 705 City & State	27	SUITE # 306 City & State
23	FORT LAUDERDALE, FL	28	FORT LAUDERDALE, FL
Zip		Zip	
24	33311	29	33309
Country		Country	
25	USA	30	USA

3. Date Incorporated or Qualified <b>02/11/1992</b>	3a. Date of Last Report <b>05/01/1995</b>		
4. FEI Number <b>59-3107997</b>	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees		
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
10. Name and Address of New Registered Agent			

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

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. Thereby 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 responsible agent and title (if applicable)

the 2011 frequency of August–September rainfall was used when computing the

UAT:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEHAB, BILAL	1.2 NAME	
STREET ADDRESS	117 LAKE EMERALD DR #306	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEHAB, RIAD	2.2 NAME	
STREET ADDRESS	<del>567 TRACE CIRCLE #209</del>	2.3 STREET ADDRESS	257 NW 35TH STREET
CITY - ST - ZIP	<del>DEERFIELD BCH. FL</del>	2.4 CITY - ST - ZIP	BOCA RATON, FLORIDA 33431-5831
TITLE		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		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached document with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96

[23]

954-739-1663

### Day 10: Friday

CR2E034 (12/95)