Applied For

Fee Required

Not Applicable \$8.75_Additional

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90007 028 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

04/06/1992

65-0326214

4. FEI Number

DOCUMENT #	# V26943
Corporation Name	V <u>L</u> <u>C</u>

FASHION TREASURES, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

10039 S.W. 72 STREET MIAMI FL 33173

21

10039 S.W. 72 STREET

2a. Mailing Address

Suite, Apt. #, etc.

26

27

MIAMI FL 33173

City & Sta	te	City a state			6. Election Cam		□ \$5.00	
23	Country	Zip	Countr		Trust Fund C		Added t	o rees
Zip		}	30	у	8. This corporati	ion owes the curre	nt year Intangible ☐ Yes	□No
24	25 9. Name and Address of Currer	29	[30]	<u> </u>		ddress of New Re		
	9. Name and Address or Curren	it Registered Agent	8	Name V	/ "			
GAF	RCIA, MIRLA		L		OLANDA	L.E.	CASTIL	<u> </u>
9705 S.W. 05 STREET -MIAMLEL 33173			8:	Street Address (P.O. Box Number is Not Acceptable) 100.39 SW 72 STALLET.				
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1			8	City 0	10 200	_	FL 85 35	Sode - >
	t to the provisions of Sections 607.050	10 and 607 1509. Florid	a Statutas the obs		a maration submits this	statement for the r	· - 100	
office or	registered agent, or both, in the State	of Florida, Such chang	e was authorized b	y the corporat	tion's board of director	s. I hereby accept	the appointment as reg	gistered
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0	505, Florida Statute	S .				
SIGNATURE	Signature, typed or printed name of registered ager	t and table of a college to	(NOTE: Registered Ag	ant signature requi	and whom rejectations		DATE	
12.		ID DIRECTORS	13.	ant signature requi		HANGES TO DEE	ICERS AND DIRECTO	RS IN 12
TITLE	PSTD	DE DE		- 6	T			Addition
NAME	GARCIA, MIRLA		1.2 NAME		10039 SU	E. CAST	וֹררס ' ַ	
STREET ADDRESS	ATAL AND AS ATREET			ET ADDRESS	1003950	アフネ ら	treet.	
	MIAMI FL 33173		1.4 CITY-	OT 710	miami t	7 33/	73	
CITY-ST-ZIP	IMPUM (C 33 (F 3	□ DE		31-211	077 4 5-77 1		Change	Addition
NAME	1	2	2.2 NAME					
STREET ADORESS	j		•	ET ADDRESS				
			2.4 CITY-					
TITLE		□ DE		31-211			Change	Addition
NAME	}		3.2 NAME				_ v	_
STREET ADDRESS	}		4	ET ADDRESS				
			3.4. C/TY-					
TITLE		□ DE		31-217			☐ Change	Addition
NAME			4. 2 NAM	.			_ ,	_
STREET ADDRESS	}			ET ADDRESS				
CITY-ST-ZIP	[4.4 CITY-					
TITLE		□ DE		31-4IF			Change	☐ Addition
NAME			5.2 NAME					
- Taric			5 2 0TDC	ET ADDRESS				
STREET ADDRESS	s}		272 2 LKC					
STREET ADDRESS			5.4 CITY-					
STREET ADDRESS CITY-ST-ZIP TITLE		□ DE	5.4 CITY-				☐ Change	☐ Addition

14. I 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 of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP