

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

CORPORATION
 ANNUAL REPORT
 1995



OFFICE OF SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**APPROVED
 AND
 FILED**

95 MAY -1 AM 9:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V40130** (9)

PAZAV FASHIONS, INC.

17100 COLLINS AVE.
 SUITE 221
 N MIAMI BEACH FL 33160

INCORPORATED IN FLORIDA

3. Date incorporated in Florida 05/29/1992	3a. Date of Last Report 05/01/1994
4. FID Number 65-0337521	Approved For Not Applicable
5. Certificate of Status (Fees) \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
7. This corporation has/has not filed for status as a public Florida Statute <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. FID Number of Old Corporation 21	2a. Mailed Address 26
22. State of Incorporation 27	22. State of Incorporation 27
23. City, State 28	23. City, State 28
24. Filing Date 25	24. Filing Date 29
25. Filing Date 30	25. Filing Date 30

9. Name and Address of Current Registered Agent PORAT, DAVID 290 174TH ST #1105 N. MIAMI BEACH FL 33160		10. Name and Address of New Registered Agent	
B1. Name	B2. Street Address, P.O. Box Number or Post Office	B3.	B4. City, State, Zip Code
			FL

11. Pursuant to the provisions of sections 607.01 and 607.02, 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. If a change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am furnished with and accept the status of an officer of Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD PORAT, DAVID 290 174TH ST #1105 N. MIAMI BEACH FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information furnished with this report voluntarily furnished and does not qualify for the exemption established in section 607.01, Florida Statutes. I further certify that the information disclosed on this report is true and correct and that my signature shall have the same legal effect as if made under oath. The purpose of this report is to file the information required by Florida Statutes, and that my name appears on the report as required by Florida Statutes.

SIGNATURE: **DAVID PORAT**
 DIRECTOR
 4/14/95 P400026