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F2294 APPROVED AND FILED

95 JUN -9 AM 11:20

06-02-95 10:50AM

TO 63053806466

P002

TALLAHASSEE, FLORIDA

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

| | | | |
|--|--|---|--|
| CORPORATION ANNUAL REPORT 1995 | | FLORIDA DEPARTMENT OF STATE Sandra D. Morfitt Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # F26523 1. Corporation Name COCONUT GROVE T-SHIRT CO. INC. | | | |
| Principal Place of Business #3448 main highway coconut grove miami fla. 33133. | | Mailing Address P.O. Box 16-2441 miami fla, 33116-2441 | |
| 2. Principal Place of Business 3448 main highway | | 2a. Mailing Address P.O. BOX 16-2441 | |
| 21. State, Apt. #, #19 | | 21. State, Apt. #, etc. | |
| 22. City & State miami fla | | 22. City & State miami fla | |
| 23. Zip 33133 | | 23. Zip 33116-2441 | |
| 24. Country dade | | 24. Country dade | |
| 8. Name and Address of Current Registered Agent HUGH HUBBARD AND REED 801 BRICKELL AVE, SUITE 1100 MIAMI FLA 33131. | | 10. Name and Address of New Registered Agent MRS. PANZEGNA WOOD 3448 Main highway, coconut grove MIAMI FLA 33133 | |
| 11. I declare to the provisions of Sections 607.0600 and 607.1500, Florida Statutes. I am a registered agent or officer of the corporation 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: <i>[Signature]</i> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 12.1 PRESIDENT 13364 S.W. 108. st circle miami fla 33186. | | 13.1 (SECRETARY) TERRY ROWE 13384 S.W. 108 st miami fla 33156. | |
| 12.2 (TREASURY) VALRIE F. MORRIS 9621 SW 77 AVE. #103B MIAMI FLA, 33156 | | 13.2 | |
| 12.3 | | 13.3 | |
| 12.4 | | 13.4 | |
| 12.5 | | 13.5 | |
| 12.6 | | 13.6 | |
| 12.7 | | 13.7 | |
| 12.8 | | 13.8 | |
| 12.9 | | 13.9 | |
| 12.10 | | 13.10 | |
| 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shows full compliance with the requirements stated in section 118.07(1)(a), 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 appointed to conduct the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with my address. | | | |
| SIGNATURE: <i>[Signature]</i> | | President & CEO 6/7/95 305-350-9611 | |

F26523

100001509421
-06/09/95--01016--018
*****41.25 *****13.75

100001509421
-06/09/95--01016--018
*****225.00 *****225.00

See attached page for RA Signature.

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

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra D. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

F22941

DOCUMENT # F26523

1. Corporation Name
COCONUT GROVE T-SHIRT CO. INC.

Principal Place of Business Mailing Address

#3448 main highway (P.O. Box 16-2441
coconut grove miami fla, 33116-2441.
miami fla. 33133.

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|---|---|-------------------------------|
| 2. Principal Place of Business 21 3448 main higtway | 2a. Mailing Address 23 P.O. BOX 16-2441 | 4. FEI Number 59-207 9206 | Applied For Not Applicable |
| 22 Suite, Apt. #, etc. #19) | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State miami fla | 28 City & State miami fla | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip 33133 | 29 Country flade | 30 Zip 33116-2441 | 31 Country flade |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent HUGH HUBBARD AND REED 801 BRICKELL AVE, SUITE 1100 MIAMI FLA 33131. | 10. Name and Address of New Registered Agent 81 Name MS. PANZEGNA WOOD 82 Street Address (P.O. Box Number is Not Acceptable) 3448 Main highway, coconut grove 83 84 City MIAMI FLA FL 85 Zip Code 33133 |
|---|--|

11. Pursuant to the provisions of Sections 607.0509 and 607.1509, 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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|-------------------|---|--|
| TITLE PRESIDENT. | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME 13364 S.W.108 st circle | 12 NAME | | |
| STREET ADDRESS miami fla 33186. | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | 14 CITY-ST-ZIP | | |
| TITLE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 22 NAME | | |
| STREET ADDRESS | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | 24 CITY-ST-ZIP | | |
| TITLE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 32 NAME | | |
| STREET ADDRESS | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | 34 CITY-ST-ZIP | | |
| TITLE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 42 NAME | | |
| STREET ADDRESS | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | 44 CITY-ST-ZIP | | |
| TITLE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 52 NAME | | |
| STREET ADDRESS | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | 54 CITY-ST-ZIP | | |
| TITLE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 62 NAME | | |
| STREET ADDRESS | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and (where not qualified for the exemption stated in Section 110.07(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