

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 SEP -4 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000001957060
-09/25/96--01096--008
****388.75 ****388.75

DOCUMENT # **F26523 (3)**

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

Principal Place of Business

3448 MAIN HIGHWAY
STE. 19
MIAMI FL 33133

Mailing Address

P.O. BOX 16-2441
MIAMI FL 33102-2441

3. Date Incorporated or Qualified
03/24/1981

3a. Date of Last Report
06/09/1995

21. Principal Place of Business
21 **3448 Main Highway**

2a. Mailing Address
26 **12855 SW 136 Ave**

4. FE Number
69-2079206

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **# 19**

Suite, Apt. #, etc.
27 **S 108**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 **Miami Fla**

City & State
28 **Miami Fla**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24 **33186**

Country
25 **Dade**

Zip
29 **33186**

Country
30 **Dade**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**WOOD, PANZEGNA MS.
3448 MAIN HIGHWAY COCONUT GROVE
STE. 19
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name **Mrs Panzegna**
82 Street Address (P.O. Box Number is Not Acceptable) **12855 SW 136 Ave**
83 **Suite S108**
84 City **Miami** FL 85 Zip Code **33186**

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, to 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:

Signature of registered agent and title if applicable.

NOTE: Registered Agent Signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, PANZEGNA MRS.	1.2 NAME	
STREET ADDRESS	13384 S.W. 108 ST. CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33186	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, TERRY	2.2 NAME	
STREET ADDRESS	13384 S.W. 108 ST. CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33186	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, VALERIE F	3.2 NAME	
STREET ADDRESS	9821 SW 77TH AVE. #103B	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156	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	

JB 9-12-96

SIGNATURE:

Signature and typed or printed name of signing officer or director

8/28/96

Date

3052330416

Daytime Phone #

CR2E034 (12/95)