

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 277197 (0)

1. Corporation Name

DORIS STORE INC



Principal Place of Business

3460 S.W. 8TH STREET
MIAMI FL 33135-4108

Mailing Address

3460 S.W. 8TH STREET
MIAMI FL 33135-4108

3. Date Incorporated or Qualified
01/06/1964

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, MOISES
1411 STILLWATER AVE.
MIAMI BEACH FL 33141

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. 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 the person making this filing (the filer) and the filer's name

Signature of the Registered Agent (signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
COHEN, MOISES
STREET ADDRESS
1411 STILLWATER DR.
CITY, ST, ZIP
MIAMI BCH FL

2. TITLE ☐ DELETE

NAME
COHEN, MOISES
STREET ADDRESS
1411 STILLWATER DR.
CITY, ST, ZIP
MIAMI BCH FL

3. TITLE ☐ DELETE

NAME
COHEN, MOISES
STREET ADDRESS
1411 STILLWATER DR.
CITY, ST, ZIP
MIAMI BCH FL

4. TITLE ☐ DELETE

NAME
COHEN, MOISES
STREET ADDRESS
1411 STILLWATER DR.
CITY, ST, ZIP
MIAMI BCH FL

5. TITLE ☐ DELETE

NAME
COHEN, MOISES
STREET ADDRESS
1411 STILLWATER DR.
CITY, ST, ZIP
MIAMI BCH FL

6. TITLE ☐ DELETE

NAME
COHEN, MOISES
STREET ADDRESS
1411 STILLWATER DR.
CITY, ST, ZIP
MIAMI BCH FL

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-96

DATE

DAYTIME PHONE

CR2E034 (12/95)