

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

FILED

Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 296749

(5)

1. Corporation Name
SIROTEX CORSET CORNER, INC.

Principal Place of Business
300 MIRACLE MILE
CORAL GABLES FL 33134

Mailing Address
300 MIRACLE MILE
CORAL GABLES FL 33134-5820



3. Date Incorporated or Qualified
09/13/1965

3a. Date of Last Report
02/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number

59-1111552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MARTIN F GREENBERG, ESQ
3700 AIRPORT RD
SUITE 401
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

KARL SACHS

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

3675 SW 24th ST.

83

MIAMI, FLORIDA 33145

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 typed and title of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PT
LURIE, DOLORES
STREET ADDRESS 2843 S. BAYSHORE DR.
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ DELETE

NAME D
LURIE, DOLORES
STREET ADDRESS 2843 S BAYSHORE DR.
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ DELETE

NAME D
GREENBERG, MARTIN
STREET ADDRESS 3700 AIRPORT RD STE 401
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME S
BLANK, LINDA
STREET ADDRESS 1516 N 28THA VE
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME P
LURIE, MELROY
STREET ADDRESS 2843 S ABYSHORE DR
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Vice President

☒ Change

☐ Addition

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dolores Lurie President 2/28/97

Date

Daytime Phone #

CR2E034 (9/96)