FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **340494** **(4)**

1. Corporation Name
CAPRI FASHIONS OF FLORIDA INC

Principal Place of Business
1662 COLLINS AVE
MIAMI BEACH FL 33139-3137

Mailing Address
1662 COLLINS AVE
MIAMI BEACH FL 33139-3137

3. Date Incorporated or Qualified: **01/22/1969**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21
Street Apt. # etc.
22
City & State
23
Zip | Country
24 | 25

2a. Mailing Address
26
Street Apt. # etc.
27
City & State
28
Zip | Country
29 | 30

4. FEI Number: **59-1232290** ☐ 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

KAUFMAN,NATAN
1519 DREXEL AVE. #302
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1506, 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

TITLE	**ST**	☐ DELETE
NAME	**KAUFMAN, NATAN**	
STREET ADDRESS	**1519 DREXEL AVE**	
CITY-ST-ZIP	**MIAMI BEACH FL**	
TITLE	**D**	☐ DELETE
NAME	**KAUFMAN, JACOBO**	
STREET ADDRESS	**8858 HARDING AVE**	
CITY-ST-ZIP	**SURFSIDE, FL 00000**	
TITLE	**D**	☐ DELETE
NAME	**KAUFMAN, NATAN**	
STREET ADDRESS	**1519 DREXEL AVE**	
CITY-ST-ZIP	**MIAMI BEACH, FL 0**	
TITLE	**P**	☐ DELETE
NAME	**KAUFMAN, JACOBO**	
STREET ADDRESS	**8858 HARDING AVE**	
CITY-ST-ZIP	**SURFSIDE, FL 00000**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I 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)(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 added above or on an attachment with an address.

SIGNATURE: Natan Kaufman NATAN KAUFMAN 1/29/96 (305)534-6980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #