

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

22296 B 1410 C

DOCUMENT # 396798 (1)

1. Corporation Name: ZSA ZSA BOTIQUE AND DRESSMAKER, INC.



Principal Place of Business: 1063 95TH STREET BAY HARBOR ISLANDS FL 33154
Mailing Address: 1063 95TH STREET BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business	2a. Mailed Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Street Address	26. State, Apt. #, etc.	03/03/1972	03/21/1995
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	59-1383983	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GARAMI, MALVINE 1063 95TH STREET BAY HARBOR ISLAND FL 33154		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 607.011(1)(c) and 607.011(1)(d), 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 607.011(1)(c), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	SD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	GARAMI, AGNES	12. NAME	
12. STREET ADDRESS	241 ATLANTIC ILSE	13. STREET ADDRESS	
12. CITY, ST, ZIP	MIAMI BCH. FL	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE	PD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	GARAMI, MALVINE	22. NAME	
12. STREET ADDRESS	1001 91ST ST APT 401	23. STREET ADDRESS	
12. CITY, ST, ZIP	BAY HARBOR ISL. FL	24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		32. NAME	
12. STREET ADDRESS		33. STREET ADDRESS	
12. CITY, ST, ZIP		34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		42. NAME	
12. STREET ADDRESS		43. STREET ADDRESS	
12. CITY, ST, ZIP		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		52. NAME	
12. STREET ADDRESS		53. STREET ADDRESS	
12. CITY, ST, ZIP		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		62. NAME	
12. STREET ADDRESS		63. STREET ADDRESS	
12. CITY, ST, ZIP		64. CITY, ST, ZIP	

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)(k), Florida Statutes. I further certify that the information furnished on this annual report or supplement's annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registrar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name as appears in Block 12 or Block 13 if changed, is accompanied by an address.

SIGNATURE: *Malvina Garami*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Malvina Garami

FEB 17 1996

CR2E034 (12/95)