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 # **632317** (4)

1. Corporation Name
FLORACOOL, INC.

Principal Place of Business
6470 N W 21ST ST
MIAMI FL 33152-1941

Mailing Address
P.O. BOX 523342
MIAMI FL 33152

3. Date Incorporated or Qualified: 07/31/1979
3a. Date of Last Report: 04/04/1995

4. FEI Number: 59-1934486 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

2. Principal Place of Business
21 6500 NW 20th Street
Suite, Apt. #, etc.
22 Building 2141, Door 11
City & State
23 Miami FL
Zip 24 33152 — Country 25 U.S.

2a. Mailing Address
26 7205 NW 19th Street
Suite, Apt. #, etc.
27 Suite 505
City & State
28 Miami FL
Zip 29 33126 — Country 30 U.S.

9. **Name and Address of Current Registered Agent**

FERNANDEZ, CRISTINA P
2311 S.W. 89TH CT.
MIAMI FL 33165

10. **Name and Address of New Registered Agent**

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: PLantation FL 85 Zip Code: 33324

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 ________ Thomas C. Totaro, Assistant Secretary — Date: 6/4/96
Signature, typed or printed name of registered agent and title if applicable (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PS	FARACI, HECTOR	2501 CORDOVA	CORAL GABLES FL	[X]
T	FARACI, HECTOR	2501 CORDOVA	CORAL GABLES FL	[X]
				[ ]
				[ ]
				[ ]
				[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	CD	SEYMOUR KAHN	5456 McConnell Avenue	Los Angeles, CA 90066	[ ]	[X]
2	PD	JOSEPH A. CZYZYK	5456 McConnell Avenue	Los Angeles, CA 90066	[ ]	[X]
3	TSD	RANDOLPH E. AJER	5456 McConnell Avenue	Los Angeles, CA 90066	[ ]	[X]
4	VD	ZACK VERNIKOVSKY	5456 McConnell Avenue	Los Angeles, CA 90066	[ ]	[X]
5					[ ]	[ ]
6					[ ]	[ ]

100001859321
-06/12/96--01022--012
***25.00

200001859322
-06/12/96--01022--013
***208.75

5-1-96

CR2E034 (12/95)

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: ________ Jospeh A. Czyzyk, President 04/22/96 (310)827-2737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #