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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(6)

DOCUMENT #

1. Corporation Name INTERNATIONAL FASHION IMPORTS OF COCONUT GROVE, INC.



rincipal Place of	f Rueiness	Mailing Addre	:88						
C/O LEONARD	WOOLFSON	C/O LEONA	ARD WOOLFSON						
5745 PINE TREE DRIVE MIAMI BEACH FL 33140		5745 PINE TREE DRIVE MIAMI BEACH FL 33140			3. Date Incorporated or Qualified				
		2a. Mailing Ac	-tdroop			4. FEI Number	ļ		pplied For
, Principal Plac	e of Business	28. Mailing Ac	Juless			59-2021765		N	ot Applicable
Suite, Apt. #,	olc.	Suite, Apt	t. #, etc.			5. Certificate of Status Desired			Additional
		27				5. Certificate of Citation Doubles			equired
City & State	AND THE THE PERSON NAMED IN THE PERSON NAMED I	City & Sta	ite			6. Election Campaign Financing			May Be
		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	L.	Country		8. This corporation has flability for in Florida Statutes X Yes	ntangibie tax u ∏No	HUUFIS	100.002,
L	25	29	30	.T		10. Name and Address of New R		ent	
	9. Name and Address of Curr	ent registered Age	111	81	Name				
WOOLEO	SON, LEONARD P.					/D.O. Boy Number is Not Acceptab	ile)		
WUULFS		82 Street Address (P.O. Box Number is Not Acceptable)			,				
	IE TREE DRIVE EACH FL 33140			83					_
MIAMI DE	CHOILL BOILD			84	City			85 Zip	Code
				Į	1	ration submits this statement for the pure	FL	-   '	
IONIATI IDE	on agent, or both, in the diate of the and accept the obligations of, Signature, typed or printed name of registered a			ogistered Age	int signature tequire	id when reinstating)	DATE		
		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			
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AME	Woolfson, Leonard P	•	ļ	1.2 NAME					
TREET ADDRESS	3390 MARY STREET		ļ		I ADDRESS				
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infreport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an address. certify that the information indicated on oath; that I am an officer or director appears in Block 12 or Block 11 if or an

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR