

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 15 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 670006 (6)**

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



Principal Place of Business <b>C/O LEONARD WOOLFSON          5745 PINE TREE DRIVE          MIAMI BEACH FL 33140</b>	Mailing Address <b>C/O LEONARD WOOLFSON          5745 PINE TREE DRIVE          MIAMI BEACH FL 33140</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1160 Kane Concourse</b> Suite, Apt. #, etc. <b>22 Ste 204</b> City & State <b>23 Bay Harbour Islands FL</b> Zip Country <b>24 33154</b>	2a. Mailing Address <b>26 1160 Kane Concourse</b> Suite, Apt. #, etc. <b>27 Ste 204</b> City & State <b>28 Bay Harbour Islands FL</b> Zip Country <b>29 33154</b>	3. Date Incorporated or Qualified <b>05/13/1980</b>	3a. Date of Last Report <b>05/01/1996</b>
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4. FEI Number <b>59-2021765</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WOOLFSON, LEONARD P.**  
~~5745 PINE TREE DRIVE~~ **1160 Kane Concourse Ste 204**  
~~MIAMI BEACH FL 33140~~ **Bay Harbour Islands FL 33154**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Leonard Woolfson* DATE **9/2/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WOOLFSON, LEONARD P.</b>	
STREET ADDRESS	<del>5745 MARY STREET</del>	
CITY-ST-ZIP	<del>COCONUT GROVE FL</del>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BORINSKY, THERESA</b>	
STREET ADDRESS	<del>5745 MARY STREET</del>	
CITY-ST-ZIP	<del>COCONUT GROVE FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1160 Kane Concourse Ste 204</b>
1.4 CITY-ST-ZIP	<b>Bay Harbour Islands, FL 33154</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>5711 PINETREE DR</b>
2.4 CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *Leonard Woolfson* DATE **9/2/97**

CR2E034 (4/97)