FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 28 1998 8:00am FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 (6)DOCUMENT # 670006 INTERNATIONAL FASHION IMPORTS OF COCONUT GROVE, INC. Mailing Address Principal Place of Business % LEONARD WOOLFSON C/O LEONARD WOOLFSON 1160 KANE CONCOURSE #204 DO NOT WRITE IN THIS SPACE 1160 KANE CONCOURSE #204 BAY HARBOUR ISLANDS FL 33154 BAY HARBOUR ISLANDS FL 33184 3. Date Incorporated or Qualified 05/13/1980 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WOOLFSON, LEONARD P. 1160 KANE CONCOURSE #204 82 Street Address (P.O. Box Number is Not Acceptable) **BAY HARBOUR ISLANDS FL 33154** 83 City 85 Zip Code FL 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 (NOTE Flegislated Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. P.5,7 DELETE Change Addition TITLE 11 TITLE WOÓLFSON, LEONARD P. 1.2 NAME 1160 KANE CONCOURSE #204 STREET ADDRESS 1.3 STREET ADDRESS BAY HARBOUR ISLANDS FL CITY-ST-7IP 14 City-St-7/P DELETE TITLE 2.1 TITLE Change Addition **BORINSKY, THERESA** 2.2 NAME **5711 PINETREE DR** STREET ADDRESS 2.3 STREET ADDRESS MIAMI BCH FL 2. 4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE Change TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CiTY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filling 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 supplier ental 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 trustegrempowered 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 or an attai himpint with address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

1/19/18 (305) 865-0701