FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:25

DOCUMENT # F94000003373 (7)

1. Corporation Name
COASTAL BOOT COMPANY, INC.

Principal Place of Business	Mailing Address
1232 NE 2ND AVE. MIAMI FL 33132	1232 NE 2ND AVE. MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: APPLIED FOR 65-0503904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BONDAR, JOEL ESQ
420 LINCOLN ROAD MALL
SUITE 512
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

01 Name: Joel Bondar Esq.
02 Street Address (P.O. Box Number is Not Acceptable): 1232 N.E. 2nd Ave.
03
04 City: Miami, Fl. 33132 FL 05 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title of appointee. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	GLICKSMAN, JERRY	1.2 NAME	
STREET ADDRESS	1232 NE 2ND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	PONTNER, BRUCE	2.2 NAME	
STREET ADDRESS	1232 NE 2ND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BONDAR, SANDRA	3.2 NAME	
STREET ADDRESS	1232 NE 2ND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	BONDAR, MORRIS	4.2 NAME	
STREET ADDRESS	1232 NE 2ND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	GLICKSMAN, STEVEN	5.2 NAME	
STREET ADDRESS	1232 NE 2ND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change X Addition
NAME		6.2 NAME	DV
STREET ADDRESS		6.3 STREET ADDRESS	Yu, Teddy
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1232 N.E. 2nd Ave. Miami Fl. 33132

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)(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: _____ Bruce Pontner 1/15/95 (305)374-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

0133003 CP