

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G45903

1. Corporation Name
**Cotton Gin, Inc.
5857 Sunset Drive
Miami, FL 33143**

Principal Place of Business Mailing Address

As Above

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **8-1-83** 3a. Date of Last Report **1994**

4. FEI Number **59-2308656** 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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**Susan Lima
8235 SW 81 Place
Miami, FL 33143**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 **X** *[Signature]* **4-19-95**
Signature (Typed or printed name of registered agent and filer's application) (Date) (If filer Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
1. **President
Susan Lima
8235 SW 81 Place
Miami, FL 33143**
2. TITLE NAME STREET ADDRESS CITY- ST- ZIP
3. TITLE NAME STREET ADDRESS CITY- ST- ZIP
4. TITLE NAME STREET ADDRESS CITY- ST- ZIP
5. TITLE NAME STREET ADDRESS CITY- ST- ZIP
6. TITLE NAME STREET ADDRESS CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition
2. 2. TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition
3. 3. TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition
4. 4. TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition
5. 5. TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition
6. 6. TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition

**400001471834
-05/02/95--01155--007
***200.00 ***200.00**

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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed, or on an attachment) with an address.

SIGNATURE: X *[Signature]* **Susan Lima, President 4-19-95 305-661-4655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed or printed name)