FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # H59003 (4) SHOSHANNA'S, INC. Principal Place of Business Mailing Address C/O ROSA KOPEL C/O ROSA KOPEL 131 NE MIAMI GARDENS DR. APT 1504 E. 1351 NE MIAMI GARDENS DR APT E-1504 DO NOT WRITE IN THIS SPACE NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 3. Date Incorporated or Qualified 05/20/1985 2. Principal Place of Business 2e. Mailing Address Applied For 59-2538284 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KOPEL, ROSA 1351 NE MIAMI GARDENS DR. 82 Street Address (P.O. Box Number is Not Acceptable) APT. EAST 1504 83 N. MIAMI BEACH FL 33179 84 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition NAME KOPEL, GELA 1.2 NAME 1351 NE MIAMI GARDENS DR., E., #1504 STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BEACH FL. CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE PD KOPEL, ROSA 2.2 NAME NAME STREET ADORESS 1351 NE MIAMI GARDENS DR. E., #1504 2.3 STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP 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 TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS **4.3 STREET ADDRESS** CITY - ST - ZIP 4.4 CITY-ST-ZIP

14. I 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 13 if changed, or on an attachment with an address.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

54 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Ago Kopel 4/2/198

CR2E034 (10/97)

Change

Change

Addition

Addition

FILED