

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19960 (8)

1. Corporation Name

EXIT SHOPS CLEARANCE CENTER INC.

Principal Place of Business

**% RUBEN MATZ
2700 BISCAYNE BLVD.
MIAMI FL 33137**

Mailing Address

**% RUBEN MATZ
2700 BISCAYNE BLVD.
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/03/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0149412** 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 and/or rights for under S. 198 (1)(2) Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Zip

City & State

28 Zip

9. Name and Address of Current Registered Agent

**MATZ, RUBEN
2700 BISCAYNE BLVD.
MIAMI FL 33137**

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

(Signature of Registered Agent or Registered Agent for the Corporation)

(Signature of Registered Agent or Registered Agent for the Corporation)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATZ, RUBEN
STREET ADDRESS	8877 COLLINS AVENUE, #310
CITY, ST, ZIP	MIAMI BEACH FL 33154
TITLE	D
NAME	MATZ, GLADYS
STREET ADDRESS	8877 COLLINS AVENUE, #310
CITY, ST, ZIP	MIAMI BEACH FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.02(9)(b), Florida Statutes. I further certify that the information included 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 registered agent or trustee empowered to execute this report as required by Chapters 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on an agreement with an address.

SIGNATURE:

Ruben MATZ
SIGNATURE AND PRINTED OR WRITTEN NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (305) 573-8311
Date Telephone Number