

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

FILED

Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L38706 (2)  
1. Corporation Name  
STEPHANIE'S PLACE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7875 NW 64 STREET 13899 BISCAYNE BLVD. MIAMI FL 33166 US		Mailing Address 7875 NW 64TH ST 13899 BISCAYNE BLVD. MIAMI FL 33166 US	
2. Principal Place of Business 21 7875 NW 64 ST Suite, Apt. #, etc. 22		2a. Mailing Address 26 7875 NW 64 ST Suite, Apt. #, etc. 27	
City & State 23 MIAMI FL Zip 24 33166		City & State 28 MIAMI FL Zip 29 33166	
Country 25 MIAMI DADE		Country 30 MIAMI DADE	

3. Date Incorporated or Qualified 12/28/1989	
4. FEI Number 65-0162264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHAPIRO, IRA R. 13899 BISCAYNE BLVD. N. MIAMI BEACH FL 33181		10. Name and Address of New Registered Agent 81 Name LEON EGOZI, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 19495 BISCAYNE BLVD 83 SUITE 705 84 City AVENTURA FL 85 Zip Code 33180	
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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  LEON EGOZI 4/3/98  
(Signature, typed or printed name of registered agent and then applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COHEN, PAUL 7875 NW 64 STREET MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

4/3/98 (30) 97-2664

CR2E034 (10/97)