SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 21 PM 2:44
SECRETARY OF STATE TALLAHASSEE, FLORIDA

800001545488
-07/25/95--01068--020
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000035599 (8)

1. Corporation Name
GAYLE'S PLAZA,INC.

Mailing Address
17627 NW 27TH AVE.
MIAMI FL 33056

Principal Place of Business
17627 NW 27TH AVE.
MIAMI FL 33056

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 05/17/1993
3a. Date of Last Report

4. FEI Number: 65-0411118 ☐ 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes ☐ No

9. Name and Address of Current Registered Agent
GAYLE MONICA
17625 NW 27TH AVE.
MIAMI FL 33056

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE X ____ DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	
12 NAME	GAYLE MONICA	12 NAME	
13 STREET ADDRESS	17625 NW 27TH AVE.	13 STREET ADDRESS	
14 CITY-ST-ZIP	MIAMI FL 33056	14 CITY-ST-ZIP	
21 TITLE	GAYLE, RYAN - MANAGER	21 TITLE	
22 NAME	GAYLE, RYAN	22 NAME	
23 STREET ADDRESS	17625 N.W. 27TH AVE.	23 STREET ADDRESS	
24 CITY-ST-ZIP	MIAMI,FL 33056	24 CITY-ST-ZIP	
31 TITLE	VICE -PRESIDENT	31 TITLE	
32 NAME	GAYLE, RONALD,JR.	32 NAME	
33 STREET ADDRESS	17625 N.W. 27TH AVE.	33 STREET ADDRESS	
34 CITY-ST-ZIP	MIAMI,FL 33056	34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Monica Gayle 4-26-95 (305) 4360311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6242556

0039176

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P930000 35707

1. Corporation Name
KoKomo Sun Care Products, Inc

Principal Place of Business
2400 W. 84 St
Suite #6
Hialeah, FL 33016

Mailing Address
P.O. Box 290786
Davie, FL 33329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Apr. 1993
3a. Date of Last Report: 1994

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 290786
Suite, Apt #, etc
27
City & State
28 Davie, FL
Zip 29 33329 Country 30 Dade

4. FEI Number: 65-0411647 — 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

Richard Minkin
2400 W. 84 St
Suite #6
Hialeah, FL 33016

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Dale Vogel
STREET ADDRESS	2400 W 84 St
CITY ST ZIP	Hialeah, FL 33016
TITLE	V.P.
NAME	Richard Minkin
STREET ADDRESS	2400 W. 84 St
CITY ST ZIP	Hialeah, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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

(1.1 Title, 1.2 Name, 1.3 Street Address, 1.4 City St Zip … 6.4 City St Zip — ☐ Change ☐ Addition)

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****225.00 ****225.00

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

SIGNATURE: R. Minkin (R. MINKIN) V.P. — 6/26/95 — 305-362-8831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #