FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000042245 (9)**

1. Corporation Name
VACATION CLOTHING EXCHANGE, INC.

Principal Place of Business	Mailing Address
12079 NW 1ST STREET CORAL SPRINGS FL	12079 NW 1ST STREET CORAL SPRINGS FL

3. Date Incorporated or Qualified: 06/14/1993
3a. Date of Last Report: 01/25/1995
4. FEI Number: 65-0416646 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2778 N.W. 31ST AVE.	26 2778 N.W. 31ST AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lauderdale Lakes, Fla.	City & State 28 Lauderdale Lakes, Fla
Zip 24 33311 Country 25	Zip 29 33311 Country 30

9. **Name and Address of Current Registered Agent**

JEAN, ELI
12079 NW 1ST STREET
CORAL SPRINGS FL

10. **Name and Address of New Registered Agent**

81 Name: Ralph Jamal
82 Street Address (P.O. Box Number is Not Acceptable): 8830 Coco Plum Manor
83
84 City: Plantation FL 85 Zip Code: 33324

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] Signature, typed or printed name of registered agent and title if applicable — Ralph Jamal (NOTE: Registered Agent signature required when reinstating) — Date 7/17/96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	JEAN, ELI	
STREET ADDRESS	12079 NW 1ST STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President/Director	☐ Change ☒ Addition
2.2 NAME	Ralph Jamal	
2.3 STREET ADDRESS	8830 Coco Plum Manor	
2.4 CITY-ST-ZIP	Plantation, Fl. 33324	
3.1 TITLE	Vice President/Director	☐ Change ☒ Addition
3.2 NAME	Benjiman Perelmuter	
3.3 STREET ADDRESS	2709 Parkview Drive	
3.4 CITY-ST-ZIP	Hallandale, Fla 33009	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Benjiman Perelmuter, Director — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 7/31/96 — Daytime Phone # (954) 565-1188

CR2E034 (12/95)