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

Mailing Address

CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P93000055598 (5)

COSTE Y COSTURA USA INCORPORATED

1865 BRICKELL AVENUE 1865 BRICKELL AVENUE PENTHOUSE VIII PENTHOUSE VIII MIAMI FL 33129-1621 MIAMI FL 33129 3. Date Incorporated or Qualified 3a. Date of Last Report 08/04/1993 01/29/1996 Principal Place of Business 2a. Mailing Address Applied For 65-0429848 Not Applicable 21 26 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 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zφ Country Country Zip 8. This corporation has liability for Intangible tax under s. 199.032 Yes 🔀 No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name MIR. HECTOR J 2655 LE JEUNE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) STE. 1107 83 CORAL GABLES FL 33134 84 Zip Code 85 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, typied or printed name of registered agong and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DP DELETE Change THILE 1.1 TITLE SOEHIKE, CLAUS NAME 12 NAME 1865 BRICKELL AVENUE, PENTHOUSE VIII 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 City-St-ZiP CITY-ST-7IP Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - 7IF DELETE ☐ Change Addition THLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - \$1 - 709 DELETE Change Addition 4.1 TITLE THILE 4. 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZF 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE 62 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 64 CITY - ST-ZIP CHTY-\$1-7:F* this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the original annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that efficive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the information seinformation included on this annual representation.

SIGNATURE:

I am an officer or director of the corpoappears in Block 12 or Block 13 it chan

SIGNATURE AND TY

ent with an address

(96/6) (6)

CR2E034

FILED

Feb 18 1997 8:00am

Secretary of State