SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P93000057263 (4) SUPER STUFF FASHION INC. Principal Place of Business Mailing Address 13061 LEREDA ST 13061 LEREDA STREET CORAL GABLES FL 33156 CORAL GABLES FL 33156 3a. Date of Last Report 3. Date Incorporated or Qualified 08/16/1993 06/22/1995 4. FEI Number 2a. Mailing Address Applied For Principal Place of Business 65-0430145 Mol Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution 8. This corporation has liability for intarigible tax under s 199 032 Florida Statutes Yes No Country Zip Country Zip 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name EVANS, GAYNOR Street Address (P.O. Box Number is Not Acceptable) 13061 LERIDA STREET 82 CORAL GABLES FL 33156 83 Zip Code 84 City 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 Fiorida. 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 (NOTE: Registered Agest signature required when reinstating) red agest and title if applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1 1 TITLE TITLE CR2E034 EVANS, GAYNOR 1.2 NAME NAME 13061 LERIDA ST STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33156** 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 21 11116 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- ZIP CHTY-ST-ZIP Change Addition DELETE TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE THILE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - SF-ZIP CITY - ST-ZIP Change Addition DELETE 61 HILE TITLE 6.2 NAME NAME STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 617. Florida Statutes, and that my name appears in Block 13 if chapted for or an attachment with an address CITY - ST - ZIP

OF SIGNING OFFICER OR DIRECTOR

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