

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 30 AM 9:44

**DOCUMENT # P93000073427 (5)**

1. Corporation Name  
**EXOTICA INTERNATIONAL, INC.**

Principal Place of Business: **C/O CLAIRE'S MARINE OUTFITTERS, 2304-S MIAMI RD, FT LAUDERDALE FL 33316**  
 Mailing Address: **C/O CLAIRE'S MARINE OUTFITTERS, 2304-S MIAMI RD, FT LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. <i>2921 SW 2nd Ave.</i>		26. <i>C/O Claire's Marine Outfitters</i>		10/22/1993	03/07/1994
22. <i>ft. Lauderdale, FL</i>		27. <i>2921 SW 2nd Ave.</i>		4. FEI Number	Applied For / Not Applicable
23. <i>FL</i>		28. <i>ft. Lauderdale FL</i>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. <i>33315</i>	25. <i>USA</i>	29. <i>33315</i>	30. <i>USA</i>	6. Tax for Company (Federal / State and Local)	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GREENWALD, TEDD S C/O CLAIRE'S MARINE OUTFITTERS 2304-S MIAMI RD FT LAUDERDALE FL 33316				81. Name 82. Street Address (P.O. Box Number is Not Accepted) 83. <i>2921 SW 2nd Ave.</i> 84. <i>ft. Lauderdale</i> FL 85. Zip Code <i>33315</i>	

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: \_\_\_\_\_  
(Signature must be printed name of registered agent and 15% fee due)  
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	D	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWALD, TEDD S	1.2 NAME	
STREET ADDRESS	2304-S MIAMI RD	1.3 STREET ADDRESS	<i>2921 SW 2nd Ave</i>
CITY, ST, ZIP	FT LAUDERDALE FL 33316	1.4 CITY, ST, ZIP	<i>ft. Lauderdale, FL 33315</i>
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, MARY E	2.2 NAME	
STREET ADDRESS	2304-S MIAMI RD	2.3 STREET ADDRESS	<i>2921 SW 2nd Ave</i>
CITY, ST, ZIP	FT LAUDERDALE FL 33316	2.4 CITY, ST, ZIP	<i>ft. Lauderdale, FL 33315</i>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information stated herein is correct and for 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 137, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or report attachment with an address.

SIGNATURE: *Mary Ellen Flowers* DATE: *6/21/95*  
(Signature must be printed name of signing officer or director) (Date must be printed)  
 305-523-4301

CFR2E034 (3-95)