

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000029046 (7)

1. Corporation Name

Coquette Enterprises, Inc.

Principal Place of Business

**524 So. Andrews Ave.
Suite 101N**

Fort Lauderdale, FL 33301

Mailing Address

**524 So. Andrews Ave.
Suite 101N**

Fort Lauderdale, FL 33301

3. Date Incorporated or Qualified
4/15/94

3a. Date of Last Report
1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0483414

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

10. Name and Address of New Registered Agent

**Filings Inc.
3732 N.W. 16th St.
Ft. Lauderdale, FL 33311**

81 Name

Lustig, Stephen

82 Street Address (P.O. Box Number is Not Acceptable)

524 So. Andrews Ave. Suite 101N

83

84 City

Fort Lauderdale

FL

85 Zip Code
33301

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 of person named as registered agent and the applicable fee. The registered agent is not required when the corporation is a corporation with no officers or directors.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **Lustig, Stephen**
CITY, ST, ZIP **524 So. Andrews Ave. Suite 101N**
Fort Lauderdale, FL 33301

1.2 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.3 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.4 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

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

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*****208.75**

5/1/96

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen L. Lustig, President

4/26/96 - 954638846

CR2E034 (12/95)