

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 21 AM 9:54

DOCUMENT # **P94000054385 (7)**

1. Corporation Name  
**MARSHALLS OF MIAMI-DOWNTOWN, FL., INC. G50**

Principal Place of Business Mailing Address  
**ONE THEALL RD. ONE THEALL RD.  
RYE NY 10580 RYE NY 10580**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
**07/22/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>04-3261743</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOLDSTEIN, STANLEY</b>	12. NAME	<b>GOLDSTEIN, STANLEY</b>
STREET ADDRESS	<b>ONE THEALL RD</b>	13. STREET ADDRESS	<b>ONE THEALL RD.</b>
CITY - ST - ZIP	<b>RYE NY</b>	14. CITY - ST - ZIP	<b>RYE, NY.</b>
TITLE	<b>D</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ROSSI, JEROME</del>	22. NAME	
STREET ADDRESS	<del>200 BRICKSTONE SQ.</del>	23. STREET ADDRESS	
CITY - ST - ZIP	<del>ANDOVER, MA.</del>	24. CITY - ST - ZIP	
TITLE	<b>P/D</b>	31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSSI, JEROME</b>	32. NAME	<b>ROSSI, JEROME</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	33. STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>
CITY - ST - ZIP	<b>ANDOVER, MA. 01810</b>	34. CITY - ST - ZIP	<b>ANDOVER, MA. 01810</b>
TITLE	<b>D</b>	41. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COHEN, IRWIN</b>	42. NAME	<b>COHEN, IRWIN</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	43. STREET ADDRESS	<b>200 BRICKSTONE SQ</b>
CITY - ST - ZIP	<b>ANDOVER, MA. 01810</b>	44. CITY - ST - ZIP	<b>ANDOVER, MA. 01810</b>
TITLE	<b>V/S</b>	51. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AMBRO, GREG</b>	52. NAME	<b>AMBRO, GREG</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	53. STREET ADDRESS	<b>200 BRICKSTONE SQ</b>
CITY - ST - ZIP	<b>ANDOVER, MA. 01810</b>	54. CITY - ST - ZIP	<b>ANDOVER, MA. 01810</b>
TITLE	<b>D</b>	61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARREN FEIDBERG</b>	62. NAME	<b>WARREN FEIDBERG</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	63. STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>
CITY - ST - ZIP	<b>ANDOVER, MA. 01810</b>	64. CITY - ST - ZIP	<b>ANDOVER, MA. 01810</b>

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 110.07(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95 508-474-7885  
Date (Exhibit Form 2)