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

CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # P94000055790 (7)

1. Corporation Name COASTAL MiNI SHOPS, INC. Principal Place of Business 1531 STATE RD 84 FT LAUDERDALE FL 33315 Mailing Address 1531 STATE RD 84 FT LAUDERDALE FL 33315								
					3. Date Incorporated or Qualified 07/26/1994	3a. Date 05	of Last Re /01/199	
2. Principal Pla	ace of Business	2a. Mailing Address			4, FEI Number	. 4	<u> </u>	Applied For
21	4 ata	26			65-0502870	· · · · · · · · · · · · · · · · · · ·		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State City & State				6. Election Campaign Financing \$5.00 M		'		
23		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for	intangible ta	under s	199.032,
24	25	29	30			□No		
····	9. Name and Address of Cur	rent Registered Agent		04	10. Name and Address of New F	tegistered A	gent	
MAT IOU	144KI 1901AIZ			81 Name				
Kalichman, izhak 1531 state RD 84 Ft Lauderdale FL 33315				82 Street Add	kess (P.O. Box Number is Not Acceptat	ole)		
				83				
				84 City		FL	85 Zıç	Code
SIGNATURE.	th, and accept the obligations of, Si Signiture, typed or printed nanic of registered a OFFICERS A	gent and throughpylicable AND DIRECTORS		Agent signatura requir	oc when reinstating ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	HS IN 12
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NAME	KALICHMAN, IZHAK		1 2 N/A					
STHEET ADDRESS	1531 STATE RD 84 FT LAUDERDALE FL 33315			REET ADDRESS				
CITY - ST ZIP	FI LAUDERDALE FL 33313			IY-ST-ZIP			Change	Addition
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CHTY-ST-ZIP TITLE			5 1 Tr 52 NA 53 ST 54 Cr 6 1 Tr 62 NA 63 ST	TLE ME REET ADDRESS IY-ST-ZIP TLE				

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:

MAME OF SIGNING OFFICER OR DIRECTOR

04.06.1996 (305) 523-2161