

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000074108 (9)

1. Corporation Name

KLAPPERS FASHIONS, INC.



Principal Place of Business

2 SOUTH DISCAYNE BLVD.
1 DISCAYNE TOWER, SUITE 3270
MIAMI FL 33131

Mailing Address

2 SOUTH DISCAYNE BLVD.
1 DISCAYNE TOWER, SUITE 3270
MIAMI FL 33131

3. Date Incorporated or Qualified
10/10/1994

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 1 S.E. 3RD AVE

26 1 S.E. 3RD AVE

4. FEI Number
65-0528427

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE. 960

27 STE 960

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33131

25 US

29 33131

30 US

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

ROZENCWAG, LESLIE A
2-8 DISCAYNE BLVD.
SUITE 3270
MIAMI FL 33131

81 Name

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

1 SE 3 AVE #960

83

84 City
MIAMI

FL

85 Zip Code
33131

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 re-registering)

DATE

4/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ISRAEL ROZENCWAG
2-8 DISCAYNE BLVD 3270
MIAMI FL 33131

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1 S.E. 3 AVE. #960
MIAMI, FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SARA ROZENCWAG
2-8 DISCAYNE BLVD
MIAMI FL 33131

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
1 S.E. 3 AVE. #960
MIAMI, FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
900001793399
-04/24/96--01089--016
***200.00

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

DATE

4/2/96

Daytime Phone

(305) 791-6525

CR2E034 (12/95)