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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000087273 (6)

DOCUMENT #
1. Corporation Name ALAN COHEN DESIGNS, INCORPORATED

Principal Place of Business Mailing Address 365 ANSIN BLYD. 683 ANSIN BLVU. HALLANDALE FL 33009 HALLANDALE FL 33009



Substitute Sub						 Date Incorporated or 11/30/1994 	Qualified 3a . Da	ote of Last Rep 03/17/199	95	
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Zep	City & State			& State						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607,0502 and 607,1509. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the state of Footias, Such change was authorized by the corporation's board of decitors. Thereby accept the appointment of registered agent, and accept agent, or both, in the state of Footias, Such change was authorized by the corporation's board of decitors. Thereby accept the appointment of registered agent, and accept agent, or both, in the state of Footias, Such change was authorized by the corporation's board of decitors. Thereby accept the appointment of registered agent, and accept agents with an accept agent agent agent agent. I am a province of registered		Country		Country	8	3. This corporation has	liability for intangible	tax under s	199.032,	
9, Name and Address of Current Registered Agent COHEN, ALAN D 353 ANSIN BLVD		├ı ·	29	30						
COHEN, ALAN D 383 ANSIN BLVD. HALLANDALE FL 33009 11. Furnament to the provisions of Sections 507.0502 and 507.1508, Florida Statutas, the above named corporation submits this statement for the purpose of changing is registered agent, or both up to State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of registered agent, and accept the appointment of the purpose of changing is registered for registered agent, or both up to State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered agent. I an appointment of the purpose of changing is registered. I appoint a purpose of changing is registered. I a			rent Registered Agent	1 1	10	Name and Address	of New Registere	d Agent		
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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	0.711 67 710			64 CITY-ST-Z	Р					

Too hereby certify that the information supplied with this lifting is voluntarily furnished and does not quality for the exemption stated in Section 1.19.07(5)(K), Florida Statutes: Information indicated on this angual 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 artificiation 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 charged, if on an artificial manufacture with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR