SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) ∠ PROPIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000078630 (7) ESTHER STORES, INC. Principal Place of Business Mailing Address 7942 PINES BLVD P.O. BOX 52-4314 PEMBROKE PINES FL 33024 MIAMI FL 33152-4314 3. Date incorporated or Qualified 3a. Date of Last Report 10/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For PINES P.O.BOY Not Applicable Suite, Apt. #, etc Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired PEMBROKE minmi Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be fi 33152-434 mIAMI Trust Fund Contribution Added to Fees Zip Country Zip 8. This corporation has liability for intangible tax under s. 199 032 24 29 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name IDOWU, ESTHER 7942 PINES BLVD., 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 83 City 84 85 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type for printed rank of registered agent and title if applicable (NOTi: Bicgistered Agent signature required when reinstating) [DK] t 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 1200 incon7 TITLE 1 1 TITLE FRONU, ESTHER

7944 PINES BLUD
PEMBRONE PINES 12 33024 PARNU, EXTHER KAME 1.2 NAME 7944 PINES BLUD PEMPILONE PINES, FL 33024 STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY - ST - 7IP TITLE 2.1 THE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-7IP TITLE DELETE 31 TITLE . Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 34 CITY-ST-ZIF TITLE DELETE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - \$1 - 7IP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP 6 1 TITLE TITLE DELETE 8000019191↓\$^{2ange} □ Addition -08/12/96--01041--011 NAME 62 NAME

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 1 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

64 CITY - ST - ZIP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

***225.80

SIGNATURE: E. A. Idow 4 E.T. The Tolow 1 129/91 954/991.3665