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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

0188379

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if changed,

DOCUMENT # P95000084336 (3)

COOL J'S FACTORY OUTLET, INC.

Principal Place of Business Mailing Address 561 N.E. 79TH STREET 581 N.E. 79TH STREET MIAMI FL 33138-4516 MIAMI FL 33138 3a. Date of Last Report 3. Date Incorporated or Qualified 11/02/1995 04/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0622201 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Country Zip Z_{10} Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 RYDZ, MANUEL 581 N.E. 79TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33138** 83 84 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. 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) PD DELETE Change Addition TITLE 1.1 TITLE RYDZ, MANUEL 1.2 NAME NAME CRZE034 581 N.E. 79TH STREET STREET ADURESS 1.3 STREET ADDRESS **MIAMI FL 33138** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE VD Addition Change TITLE 21 TITLE COHEN, SALAMON A NAME 2.2 NAME **581 N.E. 79TH STREET** 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33138** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition STD 3.1 TITLE TITLE RYDZ, RAQUEL NAME 3.2 NAME **581 N.E. 79TH STREET** 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33138 CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 THILE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition THILE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 gother receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT