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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 21 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S59258 (1)

1. Corporation Name
CASHMERES, ETC., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9700 COLLINS AVENUE<br>BAL HARBOUR FL 33154<br>US | P.O. BOX 6528<br>BAL HARBOUR FL 33154<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1991
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21 1160 KANE CONCOURSE
Suite, Apt. #, etc.
22 301
City & State
23 BAY HARBOUR ISLANDS, FL
Zip 24 33154 Country 25 DADE

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0267132 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TYLER, JENNIFER M.
9407 E BROADVIEW DR
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DPST | 1.1 TITLE | ☒ Change ☐ Addition | |
| NAME | TYLER, JENNIFER M. | 1.2 NAME | | |
| STREET ADDRESS | 9407 E BROADVIEW DR 555 | 1.3 STREET ADDRESS | 1160 KANE CONCOURSE #301 | |
| CITY-ST-ZIP | BAY HARBOUR ISLD FL | 1.4 CITY-ST-ZIP | BAY HARBOR ISLANDS, FL 33154 | |
| TITLE | D | 2.1 TITLE | ☒ Change ☐ Addition | |
| NAME | BAHMANI, SHAHRIAR | 2.2 NAME | | |
| STREET ADDRESS | 9407 E BROADVIEW DR #555 | 2.3 STREET ADDRESS | 1160 KANE CONCOURSE #301 | |
| CITY-ST-ZIP | BAY HARBOUR ISLD FL | 2.4 CITY-ST-ZIP | BAY HARBOR ISLANDS, FL 33154 | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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)(i), 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: S. J. TYLER 1/30/95 305 865 6452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420427 FP