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

FILED
Jun 19 1996 8:00 am
Secretary of State

DOCUMENT # **S59258** **(1)**

1. Corporation Name
CASHMERES, ETC., INC.

Principal Place of Business	Mailing Address
1160 KANE CONCOURSE STE 301 BAL HARBOUR FL 33154 US	P.O. BOX 6528 BAL HARBOUR FL 33154 US

3. Date Incorporated or Qualified: **06/10/1991**
3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business	2a. Mailing Address
21 1160 KANE CONCOURSE	26 1160 KANE CONCOURSE
Suite, Apt. #, etc. 22 SUITE #305	Suite, Apt. #, etc. 27 SUITE #305
City & State 23 BAL HARBOR ISLANDS, FL	City & State 28 BAL HARBOR ISLANDS, FL
Zip / Country 24 33154 / 25 USA	Zip / Country 29 33154 / 30 USA

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 607.150a, 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 date of signature (NOTE: Registered Agent's signature required if filing this change)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	TYLER, JENNIFER M.		1.2 NAME		
STREET ADDRESS	1160 KANE CONCOURSE #305		1.3 STREET ADDRESS	9407 E. BROADVIEW DR.	
CITY-ST-ZIP	BAY HARBOUR ISLD FL		1.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BAHMANI, SHAHRIAR		2.2 NAME		
STREET ADDRESS	1160 KANE CONCOURSE #301		2.3 STREET ADDRESS	9407 E. BROADVIEW DR.	
CITY-ST-ZIP	BAY HARBOUR ISLD FL		2.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ President 6/.19/96 305 865 6453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #