

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S61259** (5)

1. Corporation Name

DORISSA CHILDREN'S WORLD, INC.



Principal Place of Business

**2850 N.W. FIFTH AVENUE
MIAMI FL 33137**

Mailing Address

**2850 N.W. FIFTH AVENUE
MIAMI FL 33137**

3. Date Incorporated or Qualified
06/17/1991

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0272901

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

29

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SELEVAN, DOREE
2 GROVE ISLE DR. P.H. 1
COCONUT GROVE 33133**

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

Signature typed or printed name of registered agent and street address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
V EPTSEIN, GIL
STREET ADDRESS
1030 S.W. 91 AVENUE
CITY-STATE-ZIP
PLANTATION FL

TITLE ☐ DELETE

NAME
V EPSTEIN, RICHARD
STREET ADDRESS
5804 S.W. 131 ST.
CITY-STATE-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
ST SCHWALBE, MURIEL
STREET ADDRESS
3640 YACHT CLUB DRIVE
CITY-STATE-ZIP
AVENTURA FL

TITLE ☐ DELETE

NAME
D SELEVAN, DOREE
STREET ADDRESS
2 GROVE ISLE DR. (P.H. 1)
CITY-STATE-ZIP
COCONUT GROVE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **PRES.**

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)