

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:01

DOCUMENT # **352204** (2)

1. Corporation Name

BISCAYNE SPORTSWEAR MANUFACTURING CO

Principal Place of Business

2101 W. 4TH AVENUE
HALEAH FL 33010

Mailing Address

2101 W. 4TH AVENUE
HALEAH FL 33010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/15/1969** 3a. Date of Last Report **03/23/1994**

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	Country	
24	25	29	30

4. FEI Number 59-1270498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALCHEK, FRED
2101 W 4TH AVE
HALEAH, FL
33010**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ALCHEK, EDITH
STREET ADDRESS	2049 S OCEAN DR
CITY - ST - ZIP	HALLANDALE FL
TITLE	VTD
NAME	ALCHEK, FRED
STREET ADDRESS	2049 S OCEAN DR
CITY - ST - ZIP	HALLANDALE FL
TITLE	D
NAME	ALCHEK, MAXINE
STREET ADDRESS	815 E HURON ST
CITY - ST - ZIP	ANN ARBOR MI
TITLE	D
NAME	SHLOMI, FRANCES
STREET ADDRESS	11360 LAKE SHORE DRIVE
CITY - ST - ZIP	COOPER CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALCHEK, EDITH	
1.3 STREET ADDRESS	1524 NW 182 ND AVE	
1.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33029	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALCHEK, FRED	
2.3 STREET ADDRESS	1524 NW 182 ND AVE	
2.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33029	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALCHEK, MAXINE	
3.3 STREET ADDRESS	45 BALI STATE AVE	
3.4 CITY - ST - ZIP	APT. 3 SOMERVILLE, MASS.	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHLOMI, FRANCES ALCHEK	
4.3 STREET ADDRESS	11360 LAKE SHORE DRIVE	
4.4 CITY - ST - ZIP	COOPER CITY, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(a), 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: Edith Alchek Edith Alchek 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing