

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

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 JUN 15 PM 8:26

**DOCUMENT # M52075 (2)**

1. Corporation Name  
**JOEL INTERNATIONAL CORP.**

Principal Place of Business C/O PEDRO P. SAEZ 799 BRICKELL PLAZA, STE.606 MIAMI FL 33131	Mailing Address 5200 BLUE LAGOON DR. SUITE 700 MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 799 Brickell Plaza</b> Suite, Apt. #, etc <b>22 606</b> City & State <b>23 Miami, Florida</b> Zip <b>24 33131</b>	2a. Mailing Address <b>26 901 Ponce De Leon Blvd.</b> Suite, Apt. #, etc <b>27 701</b> City & State <b>28 Coral Gables, Florida</b> Zip <b>29 33134</b> Country <b>30 US</b>	3. Date Incorporated or Qualified <b>05/13/1987</b>	3a. Date of Last Report <b>08/08/1994</b>	4. FEI Number <b>59-2843110</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>SAEZ PEDRO P</b> <b>5200 BLUE LAGOON DR</b> <b>SUITE 700</b> <b>MIAMI FL 33126</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>901 Ponce De Leon Blvd.</b> <b>83 Suite 701</b> <b>84 City</b> <b>Coral Gables</b> <b>FL</b> <b>85 Zip Code</b> <b>33134</b>
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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 of registered agent or both registered agent and the corporation) (Date) (Registered Agent signature required when incorporating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>FERNANDEZ ALFAU, MANUEL</b> <b>5200 BLUE LAGOON DR., SUITE 700</b> <b>MIAMI FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>PST</b>	<b>FERNANDEZ RODRIGUEZ, MAN</b> <b>5200 BLUE LAGOON DR., SUITE 700</b> <b>MIAMI FL</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>DV</b>	<b>FERNANDEZ ALFAU, JOSE DE JESUS</b> <b>5200 BLUE LAGOON DR., SUITE 700</b> <b>MIAMI FL</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, that I am an officer or director of the corporation or its 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: Manuel Fernandez **FERNANDEZ RODRIGUEZ, MANUEL (PST)** **JUNE 5, 1995** **(809) 541-0738**

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**DOCUMENT # M53331 (8)**

1. Corporation Name  
**NEW FASHION SPORTSWEAR, INC.**

Principal Place of Business Mailing Address  
**3300 NW 114 ST MIAMI FL 33167 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/05/1987</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2810448</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Finance Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**WOLFE, MELVIN ESQ.  
10651 N KENDALL DR  
SUITE 200  
MIAMI FL 33176**

10. Name and Address of New Registered Agent

01 Name	05 Zip Code
02 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
03	
04 City	

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 not file if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	<b>VPSD</b>
NAME	<b>SIGAL, GARY</b>
STREET ADDRESS	<b>21310 NE 19 AVE</b>
CITY, ST, ZIP	<b>N MIAMI BCH. FL</b>
TITLE	<b>D</b>
NAME	<b>KATTAN, ABRAHAM</b>
STREET ADDRESS	<b>7249 NW 38 CT</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>PTD</b>
NAME	<b>SIGAL, ISAAC</b>
STREET ADDRESS	<b>21310 NE 19 AVE</b>
CITY, ST, ZIP	<b>N MIAMI BCH. FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>RESIGNED</b>
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	<b>DV SYLONMO ZVI 6821 N.W. 45 ST LAUDERHILL FL. 33309</b>
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 as an attachment with an address.

SIGNATURE: S. ZVI (SYLONMO ZVI) 6/18/95 3056887411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

CR2E034 (3/95)

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ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

SEP 15 1995

DOCUMENT # **M53993 (5)**

1. Corporation Name  
**TREBOR TRANSPORTATION OF PALM BEACH, INC.**

Principal Place of Business	Mailing Address
<b>* ROBERT J. McDONALD 610 WEST DRIVE DELRAY BEACH FL 33445</b>	<b>* ROBERT J. McDONALD 610 WEST DRIVE DELRAY BEACH FL 33445</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/17/1987</b>	3a. Date of Last Report <b>01/26/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0033813</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. Sube, Apt. #, etc.	26. Sube, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Country	25. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MCDONALD, ROBERT J. 610 WEST DRIVE DELRAY BEACH FL 33445</b>		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. City	<b>FL</b> B5. 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: Type or printed name of registered agent and title of registration) (NOTE: Registered Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>MCDONALD, ROBERT J. 610 WEST DRIVE DELRAY BEACH FL</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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, to be an attachment with this filing.

SIGNATURE: \_\_\_\_\_ **Robert J. McDonald** \_\_\_\_\_ **05-22-95** **407-276-9531**  
(Signature and typed or printed name of signing officer or director)