

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000043647 (1)**  
 1. Corporation Name  
**G & P FACTORY OUTLET CORP.**



Principal Place of Business 672 NORTH MIAMI AVE MIAMI FL 33132	Mailing Address 672 NORTH MIAMI AVE MIAMI FL 33132
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>544 North Miami Ave</b> Suite, Apt. #, etc., 22 <b>MIAMI, FLA</b> City & State 23 Zip 24 <b>33136</b>		2a. Mailing Address 26 <b>544 NORTH MIAMI AVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI FLA</b> Zip 29 <b>33136</b>		3. Date Incorporated or Qualified <b>05/16/1997</b> 4. FEI Number <b>65-0760373</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

*We moved! please change your Mailing Address!!*

9. Name and Address of Current Registered Agent  
**PANIRY, JACOB**  
**672 NORTH MIAMI AVE**  
**MIAMI FL 33132**

10. Name and Address of New Registered Agent  
 81 Name **PANIRY JACOB**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**544 NORTH MIAMI AVE**  
 83  
 84 City **MIAMI** FL 85 Zip Code **33136**

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 Jacob Paniry DATE **1.8.98**  
 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANIRY, JACOB	1.2 NAME	PANIRY JACOB
STREET ADDRESS	672 NORTH MIAMI AVE	1.3 STREET ADDRESS	544 NORTH MIAMI AVE
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	MIAMI FLA 33136
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANIRY, MALKA	2.2 NAME	PANIRY MALKA
STREET ADDRESS	672 NORTH MIAMI AVE	2.3 STREET ADDRESS	544 NORTH MIAMI AVE
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	MIAMI FLA 33136
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing 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: Jacob Paniry DATE **1.8.98** (305) 358-4650

CRCE034 (10/97)