FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:09

DOCUMENT # **V52068** **(6)**

1. Corporation Name
SOUTHERN APPAREL EXHIBITORS, INC.

Principal Place of Business	Mailing Address
777 N.W. 72 AVE. SUITE LOBBY 18 MIAMI FL 33126	777 N.W. 72 AVE. SUITE LOBBY 18 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1992
3a. Date of Last Report: 01/21/1994

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

4. FEI Number: 59-6071516 ☐ 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

ANON, WALTER A.
5590 W. 20TH AVE.
SUITE 202
HIALEAH FL 33016

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 607.1508, 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 new registered agent) (Name of Registered Agent typed or printed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	GOULD, RICHARD P	12 NAME	
STREET ADDRESS	200 LESLIE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☒ Addition
NAME	FRANKEL, JEFFREY	22 NAME	T - D DOUGLAS BRADY
STREET ADDRESS	4707 NO. 99 ST.	23 STREET ADDRESS	777 NW 72 AVE LOBBY 18
CITY-ST-ZIP	HOLLYWOOD FL 33021	24 CITY ST ZIP	MIAMI, FL 33126
TITLE	P	31 TITLE	P/D ☒ Change ☐ Addition
NAME	WINKLEMAN, BILL	32 NAME	
STREET ADDRESS	124 CHELSEA LANE	33 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	34 CITY ST ZIP	
TITLE	V	41 TITLE	V - D ☒ Change ☐ Addition
NAME	COHEN, MARC S	42 NAME	
STREET ADDRESS	5211 GATE LAKE RD.	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	ADDEO, LOUIS	52 NAME	
STREET ADDRESS	9257 NW 3 CT.	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	54 CITY ST ZIP	
TITLE	V	61 TITLE	V-D ☒ Change ☐ Addition
NAME		62 NAME	MARSHA SATULOFF
STREET ADDRESS		63 STREET ADDRESS	777 NW 72 AVE LOBBY 18
CITY-ST-ZIP		64 CITY ST ZIP	MIAMI FL 33126

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 above, or on an attachment with an address.

SIGNATURE: Richard P. Gould 1/10/95 305-261-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD P. GOULD

0103100 CP