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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 33126-3008

3. Date Incorporated or Qualified: 07/21/1992
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOUGLAS BRADY		1.2 NAME		
STREET ADDRESS	777 NW 72 AVE LOBBY 18		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WINKLEMAN, BILL		2.2 NAME		
STREET ADDRESS	124 CHELSEA LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, MARC S		3.2 NAME		
STREET ADDRESS	5211 GATE LAKE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT.,LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	MARSHA SATULOFF		4.2 NAME		
STREET ADDRESS	777 NW 72ND AVE LOBBY 18		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME			5.2 NAME	SY HAMMER	
STREET ADDRESS			5.3 STREET ADDRESS	777 NW 72 AVE LOBBY 18	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MIAMI, FL	
TITLE		☐ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME			6.2 NAME	TOM CARROLL	
STREET ADDRESS			6.3 STREET ADDRESS	777 NW 72 AVE LOBBY 18	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI, FL	

CR2E034 (9/96)

14. I do 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: Marsha Satuloff 1/15/97 305-261-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #