


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

FILED

Feb 11 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 # 315500 (9) 1. Corporation Name SUPREME INTERNATIONAL CORPORATION					
Principal Place of Business 7495 N.W. 48TH STREET MIAMI FL 33166			Mailing Address 7495 N.W. 48TH STREET MIAMI FL 33166-5501		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1967	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 04/24/1996	
22. City & State		27. City & State		4. FEI Number 59-1162998	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		6. 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 FELDENKREIS, GEORGE 7495 N. W. 48 STREET MIAMI FL 33166				10. Name and Address of New Registered Agent	
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83. City					
84. City				85. Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE VAD <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME FELDENKREIS, OSCAR					
1.3 STREET ADDRESS 13205 BISCAYNE ISLAND					
1.4 CITY-ST-ZIP N MIAMI, FLORIDA 00000					
2.1 TITLE PD <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME FELDENKREIS, GEORGE					
2.3 STREET ADDRESS 7495 N. W. 48 STREET					
2.4 CITY-ST-ZIP MIAMI FL					
3.1 TITLE VP <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME ROISMAN, JOSEPH					
3.3 STREET ADDRESS 7495 NW 48 ST					
3.4 CITY-ST-ZIP MIAMI FL					
4.1 TITLE STD <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME HANONO, FANNY					
4.3 STREET ADDRESS 1805 NE 198TH TERR					
4.4 CITY-ST-ZIP N MIAMI BEACH FL					
5.1 TITLE V <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME DUNN, RICHARD L.					
5.3 STREET ADDRESS 7495 NW 48TH ST.					
5.4 CITY-ST-ZIP MIAMI FL					
6.1 TITLE <input type="checkbox"/> DELETE <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 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: _____ 1/24/97 (305) 592-2830					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)