

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

MEMORANDUM
AND AFFIDAVIT

1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAY 10 11:00:35

DOCUMENT # 279135

(8)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CLASSY FORMAL WEAR, INC.

6020 SOUTH DIXIE HIGHWAY
SOUTH MIAMI FL 33143

6020 SOUTH DIXIE HIGHWAY
SOUTH MIAMI FL 33143

2. Principal Office (FL) (Foreign)		2a. Mailing Address		3. Certificate of Incorporation or Organization		3a. Date of Last Report	
21. State Agent #		26. Mailing Agent #		4. FIC Number		Applied For	
22. City & State		27. City & State		5. Certificate of Status Desired		Not Applicable	
23. Zip		28. Zip		6. Election Campaign Financing Fund Contribution		\$8.75 Additional Fee Required	
24. Country		29. Country		7. This corporation has liability for intangible tax under § 199(1)(g) Florida Statutes		\$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation has liability for intangible tax under § 199(1)(g) Florida Statutes		[] Yes [] No	

9. Name and Address of Current Registered Agent

HECHT, DAVID LIONEL
6020 SOUTH DIXIE HIGHWAY
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.1508, Florida Statutes, the above named corporation hereby certifies that the purpose of changing its registered office or registered agent or both in the State of Florida with 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 Sections 607.01, 607.02, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Print Name)

Signature of New Registered Agent (Print Name)

5/3/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD HECHT, DAVID LIONEL 10815 S.W. 88TH ST., #141 MIAMI FL	NAME	[] Change [] Addition
NAME	SD GUBERMAN, CORALIE 13015 SW 110 AV. MIAMI FL	NAME	[] Change [] Addition
NAME		NAME	[] Change [] Addition
NAME		NAME	[] Change [] Addition
NAME		NAME	[] Change [] Addition
NAME		NAME	[] Change [] Addition
NAME		NAME	[] Change [] Addition
NAME		NAME	[] Change [] Addition
NAME		NAME	[] Change [] Addition
NAME		NAME	[] Change [] Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01, 607.02, Florida Statutes. I further certify that the information included on this report is true and correct 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12.

SIGNATURE:

David L. Hecht, President

5/3/95

(305) 665-2211

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR