## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (0)**DOCUMENT #** ELSIE UNDERGARMENT CORP. Principal Place of Business Mailing Address 8295 W 20 AVE 8295 W 20 AVE HIALEAH FL 33014 HIALEAH FL 33014 3a. Date of Last Report 3. Date Incorporated or Qualified 04/09/1964 04/26/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Maling Address 59-1053343 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199.032. Country Zip Zip Country Yes No 30 Elorida Statutes 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SILBERBERG, ELSA Street Address (P.O. Box Number is Not Acceptable) 8295 W 20 AVE 83 HIALEAH FL 33014 85 Zip Code 84 City 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. Sellerbers President masha SIGNATURE tered Agent squal increquired when net illaling (12/95)a of egistern agent et the तेवाको कान OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition VICE PRESIDENT 1 1 111(16 Shulamit Danis CR2E034 SILBERBERG, ELSA 1.2 NAME 8295 WEST 200 AVENUE 8295 W. 20TH AVE 1.3 STREET ADDRESS STREET ADDRESS HALEAH, E 33014 HIALEAH, FL 00000 1.4 DITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2 1 TIELE MASHA SILBERBERG SILBERBERG ISAAC 2.2 NAME NAME 8295 WEST 20th AVENUE 8295 W. 20TH AVE 2.3 STREET ADDRESS STREET ADDRESS HIALEAH, FE 33014 HIALEAH, FL 00000 24 CITY - ST - ZIP CITY-ST-ZIP Add:tion Change DELETE 3 1 11016 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CI\*Y - ST - ZiP CITY - ST - ZIP ☐ Change ne:fibbA [ DELETE 4 1 THE F TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 Table TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST-ZIP CITY - ST - ZIP ☐ Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME

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12.

TITLE

NAME

TITLE

TITLE

Macha Substitute of Signing Officer or Director

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)(k). 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 certify 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 13 if changed, or on an attachment with an address.