FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **318791** **(1)**

1. Corporation Name
ATLANTIC HOSIERY, INC.

Principal Place of Business
4700 N. W. 132ND ST.
OPA LOCKA FL 33054

Mailing Address
4700 N. W. 132ND ST.
OPA LOCKA FL 33054

3. Date Incorporated or Qualified: **07/18/1967**
3a. Date of Last Report: **03/09/1995**
4. FEI Number: **59-1171984** ☐ 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

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 ______

9. **Name and Address of Current Registered Agent**

WHITEBOOK, DANIEL S., ESQ.
100 S.E. 2ND ST.
3940 INTERNATIONAL PLACE
MIAMI FL 33131

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KLODA, RUBEN		1.2 NAME	
STREET ADDRESS	19870 NE 23RD AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GOTTLIEB, JACK		2.2 NAME	
STREET ADDRESS	230 174TH STREET, #618		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITEBOOK, DANIEL S		3.2 NAME	
STREET ADDRESS	419 POINCIANA DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLENDALE FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	GOTTLEIB, NEIL L		4.2 NAME	GOTTLIEB, NL
STREET ADDRESS	20316 ME 34 CT		4.3 STREET ADDRESS	1711 N.E. 198 TERR
CITY-ST-ZIP	N. MIAMI BEACH FL		4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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)(x), 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: [signature] 1/24/96 305-685-7617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RUBEN KLODA

CR2E034 (12/95)