


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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 394201 (8)  
1. Corporation Name  
MIAMI CLOTHING, INC.

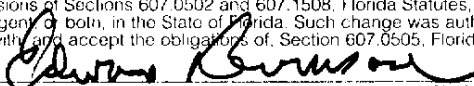


Principal Place of Business 48 E FLAGLER ST PH 101 MIAMI FL 33131	Mailing Address 48 E FLAGLER ST PH 101 MIAMI FL 33131-1012
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2. Principal Place of Business 21 229 N. MIAMI AVE Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip 24 33128		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 USA		3. Date Incorporated or Qualified 01/17/1972		3a. Date of Last Report 02/07/1996	
				4. FEI Number 59-1381510		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SCHWARTZBAUM, SAMUEL 225 N. MIAMI AVENUE MIAMI FL 33128				10. Name and Address of New Registered Agent 81 Name EDWARD C. LEVINSON 82 Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD 83 PENTHOUSE SOUTHEAST 84 City MIAMI BEACH FL 85 Zip Code 33139			
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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  2/10/97  
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	PD	<input checked="" type="checkbox"/> DELETE		11 TITLE	DIRECTOR/PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHWARTZBAUM, S			12 NAME	SCHWARTZBAUM, SUEA		
STREET ADDRESS	8777 COLLINS AVE #710			13 STREET ADDRESS	8777 COLLINS AVE		
CITY-ST-ZIP	SURFSIDE FL			14 CITY-ST-ZIP	SURFSIDE FL 33154		
TITLE	TD	<input type="checkbox"/> DELETE		21 TITLE	DIRECTOR/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHWARTZBAUM, JOHNY			22 NAME	SCHWARTZBAUM, JOSE		
STREET ADDRESS	1345 DAYTONIA ROAD			23 STREET ADDRESS	1345 DAYTONIA ROAD		
CITY-ST-ZIP	MIAMI BEACH FL			24 CITY-ST-ZIP	MIAMI BEACH FL 33141		
TITLE	DS	<input type="checkbox"/> DELETE		31 TITLE	DIRECTOR/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHWARTZBAUM, ROBERT			32 NAME	SCHWARTZBAUM, ROBERT		
STREET ADDRESS	1345 DAYTONIA ROAD			33 STREET ADDRESS	812 NW 9th AVE		
CITY-ST-ZIP	MIAMI BEACH FL			34 CITY-ST-ZIP	PLANTATION FL 33324		
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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.

CR2E034 (9/96)