PROFIT CORPORATI ANNUAL REP 1996			FLORIDA DEPARTMENT OF STATE Satidia B. Mortham Secretary of State DIVISION OF CORPORATIONS							
OCUMENT Corporation Name	(7)									
DELTA KNITV	VEAR, INC.									
Principal Place of Business Mailing Address 4600 NW 128TH ST. ROAD										
4600 NW 128TH ST ROAD Miami FL 33064 US			MIAMI FL 33054 US				3. Date Incorporated or Qualified 07/15/1975 3a. Date of Last Report 05/01/1995			
, Principal Place of Bus		2a.	Mating Address				4. FEI Number 59-1609813		Applied Not App	
		26	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Addition	
Suite, Apl. #, etc. City & State		27	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Added to Fe	Be
Zip	28	7φ				8. This corporation has liability fo				
4	me and Address of	Current Regi	stered Agent		81	Name	10. Name and Address of New	Registere	d Agent	
MAMI FL 330	ovisions of Sections 6	307,0502 and 6 e of Florida, Su	\$07,1508, Florida Statu ch change was author	ites, the ab	84 ove	1 .	oration submits this statement for the pard of directors. I hereby accept the a	nurpose of		nt of
ta/milar with, and a	accept the engine							DA1	F	
SIGNATURE SEPTIME 12. TITLE PC		DERS AND DIR		13			ADDITIONS/CHANGES TO C	FFICERS /	AND DIRECTORS IN Change	N 12 Additio
NAME BUSINESS 46	Urstyn, Georgi 300 NW 128TH ST	E I road		1.3		T ADDRESS ST-ZIP			☐ Change ☐] Addit@
TITLE VI	iami fl D Urstyn, ruth 600 NW 128th S	t road	DEFERE	2.2	NAMI STRE	- 1			C Criange	1
DITY-ST-ZIP M	LAIAMI FI			2.4 CITY-S DELETE 3.1 TILE 3.2 NAME		Ē			Change	Addit
STREET ADDRESS 4	600 NW 128TH S MAMI FL	T. ROAD	DELETE	3		EET ADORESS -S1-ZIP		<u> </u>	Change [Addi
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:ME :REET ADDRESS :TY-ST-ZIP			DELETE			REET ADORESS Y-ST-ZIP TLE			Change [☐ Add
Tille										

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14. If do hereby certify that the information supplied with this fling is voluntarily furnished and does not quality 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 busine 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 ancress.

SIGNATURE: X

SIGNATURE: X

SIGNATURE DATE: X

SIGN

6 ? NAME

63 STREET ADDRESS

NAMÉ

STREET ADORESS

4/18/96 305-688-6360

0106666 CP

CR2E034 (12/95)