SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 643104

(3)

INTERNATIONAL APPAREL MART, INC.

APPROVED AND FILED

1997 SEP 16 AM 9: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place	of Busines	s	M	ailing Address				1 184118 63113 63946 11101 (1941 88111) (1)	K WIWK WISH		I WINII INTI	
2630 TAFT AVENUE P O BOX 540777 ORLANDO FL 32854-0777				2630 TAFT AVENUE P O BOX 540777 ORLANDO FL 32854-0777				DO NOT WRITE IN THIS SPACE				
01.01.00 12	020010111		·					3. Date Incorporated or Qualified	3a. Da	ite of Last Re	eport	1
								10/19/1979	.06	/03/1996		╛
2. Principal Pl	lac e o f Busir	ness	2a.	Mailing Address	- 1			4. FEI Number	- -		plied for]
21 4187	SW 34	MIT	26	4187 50	<u>34"</u>	\$\tau_		59-2068157		No	t Appi cable	_]
Suite, Apt. :			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State 23 ONLAWD FC			28					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 328	Zip 32811 Country 25 USA		29	Zip 3 2&11	Count		/SA-	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name	and Address of Curr	ent Regis	tered Agent		[,	10. Name and Address of New Re	gistered A	Agent		4
ME	HTA, SHAF	RAD				81	Name			•		
8701 TAMARIND CIRCLE Orlando Fl 32819						82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		· · ·	1
9111						83	1					
						84	"		FL	85 Zip (
11. Pursuant to office or reagent. La	to the provis egistered as magnitur w	loos of Sections 607.0 ent, or both, in the Sta ith, and accept the obl	502 and 6 ite of Florid igations of	07.1508, Florida Stat da Such change wa 1. Section 607.0505,	tutes, ti s autho Florida	ne abov prized b Statute	re-named corp by the corporat is:	oration submits this statement for the p ion's board of directors. I hereby accep	ourpose of of the app	changing its ointment as	s registered registered	
SIGNATURE A	Xha	resmelli	•	(SH	ARA	o Me	EMTA)	€-3	.92.	·		
	Storiature, typed	or printed name of registered			OTE: Reg		ent signature requir	ed when reinstating)	DATE	DIDECTOR	C IN 10	٦,
12.	<u> </u>	OFFICERS A	ND DIREC	DELETE	\dashv	13.	Т	ADDITIONS/CHANGES TO OFFIC	ENS ANL	Change	Addition	4/97
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NAME		AMARIND CIRCLE					1 ADDRESS	-03/19/	970	10500)1 1	8
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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 open attachment with an address.

NE: DOCUMENT# 643/04 FEZ #1: 59-2068157

DEAR GIAS.

EMILESES HIW PL Fins Our CAREN For \$ 16500 Les 1887 AMOUNT

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