

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
(Katherine Harris)
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 643104

1. Corporation Name
INTERNATIONAL APPAREL MART, INC.

Principal Place of Business

4187 SW 34TH STREET
ORLANDO FL 32811

Mailing Address

4187 SW 34TH STREET
ORLANDO FL 32811

2. Principal Place of Business

4210 L.R. McLEOD RD. #109

2a. Mailing Address

4210 L.R. McLEOD RD. #109

22. Suite, Apt. #, etc.

#109

27. Suite, Apt. #, etc.

#109

23. City & State

Orlando Florida

28. City & State

Orlando Florida

24. Zip

32811

Country

ORANGE

29. Zip

32811

Country

ORANGE

9. Name and Address of Current Registered Agent

MEHTA, SHARAD
6701 TAMARIND CIRCLE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81. Name SHARAD MEHTA
82. Street Address (P.O. Box Number is Not Acceptable)
83. 6701 TAMARIND CIRCLE
84. City Orlando FL 85. Zip Code 32819

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: Sharad Mehta DATE: 4.15.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MEHTA, SHARAD	6701 TAMARIND CIRCLE	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Sharad Mehta DATE: 4.15.99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90004 017 ***150.00



CR2E034 (11/98)



4210 L.B. MCLEOD RD., SUITE 109
ORLANDO, FLORIDA 32811

NATIONS BANK OF FLORIDA, N.A.

111-150

63-277531

100-194580

100-194580

PAY *On Honor's Check 5/1/99*

TO THE ORDER OF *Florida Dept of State*

DATE

CHECK NO.

AMOUNT

5/1/99

111-150

150.00

Sharon M. ...

AUTHORIZED SIGNATURE

100-194580 100-194580 100-194580

100-194580

643104
588583-
90004-17

It was sent to Brenda N. Jew on phone!

I DO NOT HAVE BANK STATEMENT As of 6/30/99; But THE CHECK

DID NOT CLEAR TILL END OF MAY

I AM GOING TO STOP PAYMENT ON THIS & H/W A NEW CHECK IN REPLACEMENT

HOPE THE ENCLOSED COPY OF MINIMUM REMITTANCE WILL DO. IF NOT I CAN REFILE

A NEW ONE. PL CALL ME AT 407-423-0423 IF ANY QUESTIONS

Thank you

Sharon M. ...

7-599