

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 695297 (2)**

**1. Corporation Name**  
**L. & R. GARMENT., INC.**



**2. Principal Place of Business**      **Mailing Address**  
**871 MICHAEL ST**      **871 MICHAEL ST**  
**MIAMI BEACH FL 33141**      **MIAMI BEACH FL 33141**

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
**07/16/1981**      **07/07/1995**

**4. FEI Number**      Applied For / Not Applicable  
**59-2112380**

**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

**21** **2. Principal Place of Business**      **2a. Mailing Address**

Suite, Apt #, etc.      Suite, Apt #, etc.

**22** City & State      City & State

**23** City & State      City & State

Zip      Country      Zip      Country

**24**      **25**      **29**      **30**

**9. Name and Address of Current Registered Agent**  
**GRABOSKY, RUBEN**  
**871 MICHAEL ST**  
**MIAMI BEACH FL 33141**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed below of registered agent and the applicable (b)(3)(B) Registered Agent's signature required when mandatory.

**12. OFFICERS AND DIRECTORS**       DELETE

TITLE	PD
NAME	GRABOSKY, RUBEN
STREET ADDRESS	871 MICHAEL ST
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	TD
NAME	GRABOSKY, LUNA
STREET ADDRESS	871 MICHAEL ST
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**       Change       Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Ruben Grabosky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)