

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90388 043 \*\*\*\*61.25

**DOCUMENT # 768877**

1. Entity Name

**SOUTHERN APPAREL EXHIBITORS MEMORIAL FUND, INC.**



Principal Place of Business

**777 NW 72 AVENUE  
3-D-19  
MIAMI FL 33126  
US**

Mailing Address

**777 NW 72 AVENUE  
3-D-19  
MIAMI FL 33126  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-6071516**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**SKINNER, DONNA R-  
777 NW 72 AVENUE  
#3-D-19  
MIAMI FL 33126**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ARREDONDO, ED  
STREET ADDRESS 7220 NW 36 STREET  
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE VD  
NAME SACHS, MARK  
STREET ADDRESS 7220 NW 36 STREET  
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE TD  
NAME GIESE, PAULETTE  
STREET ADDRESS 7220 NW 36 STREET  
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Sachs, Mark  
STREET ADDRESS 777 NW 72nd Ave. Ste 3D19  
CITY-ST-ZIP miami, FL 33126-3024 ☐ Change ☒ Addition

TITLE VD  
NAME Giese, Paulette  
STREET ADDRESS 777 NW 72nd Ave. Ste 3D19  
CITY-ST-ZIP Miami, FL 33126-3024 ☐ Change ☒ Addition

TITLE STD  
NAME Carroll, Tom  
STREET ADDRESS 777 NW 72nd Ave Ste 3D19  
CITY-ST-ZIP Miami FL 33126-3024 ☐ Change ☒ Addition

TITLE CD  
NAME Arredondo, Ed  
STREET ADDRESS 777 NW 72nd Ave, Ste 3D19  
CITY-ST-ZIP miami, FL 33126-3024 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Paulette Giese* **Paulette Giese** 3/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-718-4320

Daytime Phone #