

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 834530 (8)
1. Corporation Name
GARMENT CORPORATION OF AMERICA

Principal Place of Business 801 WEST 41 STREET THIRD FLOOR MIAMI BEACH FL 33140 US	Mailing Address 801 WEST 41 STREET THIRD FLOOR MIAMI BEACH FL 33140 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/17/1975	
				4. FEI Number 38-1847868	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PADRON, ENRIQUE 801 ARTHUR GODFREY ROAD, #300 MIAMI BEACH FL 33140				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	
NAME	SHULEVITZ, JOSEPH	1.2 NAME	
STREET ADDRESS	60 LA GORCE CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	
NAME	PARDON, ENRIQUE	2.2 NAME	
STREET ADDRESS	4344 SW 148 AVE. CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	HOFFMAN, NORMAN N	3.2 NAME	
STREET ADDRESS	4079 N 49TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	3.4 CITY - ST - ZIP	
TITLE	PSD	4.1 TITLE	
NAME	SHULEVITZ, DAVID J.	4.2 NAME	
STREET ADDRESS	2277 SUNSET DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	
NAME	BENNETT, LLOYD	5.2 NAME	
STREET ADDRESS	438 PONCIANA ISLAND DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	5.4 CITY - ST - ZIP	
TITLE	VP	6.1 TITLE	
NAME	REECE, WILLIAM	6.2 NAME	
STREET ADDRESS	101 SNOODY ROAD, BOX 417	6.3 STREET ADDRESS	
CITY - ST - ZIP	DOUBLE SPRINGS AL	6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/98 (305)531-4040

CR2E034 (1097)