

07207440



FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90168 016 ***158.75

1. Corporation Name
GARMENT CORPORATION OF AMERICA

801 WEST 41 STREET
THIRD FLOOR
MIAMI BEACH FL 33140
IIS

801 WEST 41 STREET
THIRD FLOOR
MIAMI BEACH FL 33140
US

DO NOT WRITE IN THIS SPACE

06/17/1975

4. FEI Number
38-1847868

Applied For
Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☒ Yes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PADRON, ENRIQUE
801 ARTHUR GODFREY ROAD, #300
MIAMI BEACH FL 33140

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

85	Zip Code
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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
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13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, JOSEPH	
STREET ADDRESS	60 LA GORCE CIRCLE	
CITY-ST-ZIP	MIAMI FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	PARDRON, ENRIQUE	
STREET ADDRESS	4344 SW 148 AVE. CT.	
CITY- ST- ZIP	MIAMI FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, NORMAN N	
STREET ADDRESS	4079 N 49TH AVE	
CITY-ST- ZIP	HOLLYWOOD FL	

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, DAVID J.	
STREET ADDRESS	2277 SUNSET DR.	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	BENNETT, LLOYD	
STREET ADDRESS	438 POINCIANA ISLAND DR.	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	REECE, WILLIAM	
STREET ADDRESS	101 SNODDY ROAD, BOX 417	
CITY-ST-ZIP	DOUBLE SPRINGS AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			

3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			

5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE 4/28/59 (305) 531-9040

CR2E034 (11/98)