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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT	#	.834530
Corporation Name		55.000

GARMENT CORPORATION OF AMERICA

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Principal Place	of Business	Mailing Address					iliki ubil ulbil ul	811 DIDJI DI	
801 WEST 41 S		801 WEST 41 STREET			ļ				
THIRD FLOOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THIRD FLOOR				DO NOT IND	TE 15. TI 110		
MIAMI BEACH	FL 33140	MIAMI BEACH FL 33140			L	DO NOT WR		SPACE	
US	* *	US				3. Date Incorporated or Qualifed			
3 0 1 1 10		1 2a Mailian Addana				06/17/1975 4. FEI Number		4 1	Applied For
 -7	ace of Business	2a. Mailing Address				38-1847868		-	Not Applicable
Suite, Apt.	tt etc	Suite. Apt. #, etc.							Additional
22		27			Ì	5. Certificate of Status Desired	X		Required
City & State		City & State				6. Election Campaign Financing		\$5.0	0 May Be
23		28				Trust Fund Contribution		•	d to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the cur	rent year Inta	ingible	
24	. 25	29	30			Personal Property Tax.		🔊 Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New	Registered /	Agent	
			8	1 Name					
	RON, ENRIQUE		1	2 Street	Address	s (P.O. Box Number is Not Accept	able)		
	ARTHUR GODFREY ROAD, #300	J	L			··			
MIAI	AII BEACH FL 33140		[8	13					
				4 City				85 Z	p Code
	•			1 1			<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the abo	ve-named	l corpora	ition submits this statement for the	purpose of	changing	its registered
office or r agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 607.0505, Flo	utnonzed t rida Statut	y tne corp ∋s.	orations	s board of directors. Thereby acce	pt life appoi	unent as	registered
SIGNATURE						•			
	Signature, typed or printed name of registered agen			gent signature	required wh	nen reinstating)	DATE	D DIDEO	TODO IN 40
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO O	-FICERS AN		
TITLE	CEOD	☐ DELETE	1.1 11111	-					
NAME	SHULEVITZ, JOSEPH			•				Chang	je
STREET ADDRESS	60 LA GORCE CIRCLE	,	1.2 NAM					☐ Chang	je Addition
CITY-ST-ZIP								☐ Chang	e Addition
	MIAMI FL		1.3 STRI 1.4 CITY	E ET ADDRESS -ST-ZIP					
TITLE	MIAMI FL ST	☐ DELETE	1.3 STR	E ET ADDRESS -ST-ZIP	i			☐ Chang	
NAME	MIAMI FL ST PARDRON, ENRIQUE	☐ DELETE	1.3 STRI 1.4 CITY	E ET ADDRESS -ST-ZIP					
	MIAMI FL ST PARDRON, ENRIQUE 4344 SW 148 AVE. CT.	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM	E ET ADDRESS -ST-ZIP					
NAME	MIAMI FL ST PARDRON, ENRIQUE 4344 SW 148 AVE. CT. MIAMI FL		1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CIT	E ADDRESS -ST-ZIP E E ADORESS -ST-ZIP -ST-ZIP				☐ Chanç	e Addition
NAME STREET ADDRESS	MIAMI FL ST PARDRON, ENRIQUE 4344 SW 148 AVE. CT. MIAMI FL VD	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI	E ADDRESS -ST-ZIP E E ADORESS -ST-ZIP -ST-ZIP					e Addition
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL ST PARDRON, ENRIQUE 4344 SW 148 AVE. CT. MIAMI FL VD HOFFMAN, NORMAN N		1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CIT	E ET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP E				☐ Chanç	e Addition
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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 adachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

101 SNODDY ROAD, BOX 417

DOUBLE SPRINGS AL