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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F13189** (8)

1. Corporation Name

**NEW-PONCE SHIRT COMPANY, INC.**



Principal Place of Business

**PITT SCOTT INDUSTRIAL BLDG., HWY 90 WEST  
334 MIDTOWN STATION  
NEW YORK NY 10018**

Mailing Address

**P.O. BOX 334  
MIDTOWN STATION  
NEW YORK NY 10018  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROBERTS, BONNIE K.  
402 N. OKLAHOMA ST.  
BONIFAY FL 32425**

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 607.05(2) and (3), 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 607.05(6), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS     | CITY-STATE-ZIP | DELETE                   |
|-------|------------------|--------------------|----------------|--------------------------|
| PD    | STACKMAN, HOWARD | 1359 BROADWAY #700 | NEW YORK NY    | <input type="checkbox"/> |
| STD   | STACKMAN, GAIL   | 1359 BROADWAY #700 | NEW YORK NY    | <input type="checkbox"/> |
|       |                  |                    |                | <input type="checkbox"/> |
|       |                  |                    |                | <input type="checkbox"/> |
|       |                  |                    |                | <input type="checkbox"/> |
|       |                  |                    |                | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE                   | Change                   | Addition                 |
|-------|------|----------------|----------------|--------------------------|--------------------------|--------------------------|
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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)(b), Florida Statutes. I further certify that the information included on this annual report is true and correct, 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 registered agent, and that I am authorized 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 addition to an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

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