

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

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F38655 (9)

1. Corporation Name
FRI-MAR ACTIVEWEAR & SHOES, INC.



Principal Place of Business

18187 BISCAYNE BLVD
MIAMI FL 33180
US

Mailing Address

18187 BISCAYNE BLVD.
MIAMI FL 33180-2535
US

3. Date Incorporated or Qualified

08/17/1981

3a. Date of Last Report

03/29/1996

4. FEI Number

59-2115600

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

KALLER, FREIDA
840 N.E. 172ND TERRACE
N. MIAMI BEACH FL 33182

10. Name and Address of New Registered Agent

81 Name Frida Kaller
82 Street Address (P.O. Box Number is Not Applicable)
6117 NW 83rd Lane
83 Parkland Florida
84 City
FL 85 Zip 33067

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 of person printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	KALLER, FRIEDA	
STREET ADDRESS	840 NE 172ND TERRACE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KALLER, MARIO	
STREET ADDRESS	710 N.E. 171ST STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frida Kaller	
1.3 STREET ADDRESS	6117 NW 83rd Lane	
1.4 CITY-ST-ZIP	Parkland FL 33067	
2.1 TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mario Kaller	
2.3 STREET ADDRESS	6117 NW 83rd Lane	
2.4 CITY-ST-ZIP	Parkland FL 33067	
3.1 TITLE		<input 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 do 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 in an attachment with an address.

SIGNATURE:

Frida Kaller 2/3-97 3059360467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)