

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F92000001003 (4)

1. Corporation Name
M.J. APPAREL, INC.



Principal Place of Business: 990 SOUTH ROGERS CIRCLE, SUITE 10 BOCA RATON FL 33487
Mailing Address: 990 SOUTH ROGERS CIRCLE, SUITE 10 BOCA RATON FL 33487

3. Date Incorporated or Qualified 12/31/1992	3a. Date of Last Report 04/24/1995
4. FEI Number 14-1747583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 504 NW 77th St
22. City & State	27. City & State
23. Zip	28. Boca Raton
24. Country	29. Zip
25. Country	30. Palm Beach

9. Name and Address of Current Registered Agent

REVAH, CECILE
6631 NEWPORT LK CIR
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 officer 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABITBOL, PROSPER	12 NAME	
STREET ADDRESS	990 SOUTH ROGERS CIRCLE	13 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33487	14 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVAH, DANIEL	22 NAME	
STREET ADDRESS	990 SOUTH ROGERS CIRCLE	23 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33487	24 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVAH, SALOMON	32 NAME	
STREET ADDRESS	990 SOUTH ROGERS CIRCLE	33 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33487	34 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVAH, SALOMON	42 NAME	
STREET ADDRESS	990 SOUTH ROGERS CIRCLE	43 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33487	44 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVAH, CECILE	52 NAME	
STREET ADDRESS	990 SOUTH ROGERS CIRCLE	53 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33487	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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)(k), 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

1/26/96

Date

Daytime Phone #

CR2E034 (12/95)