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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9200001003 (4)

M.J. APPAREL, INC.

Principal Place of Business

Mailing Address

990 SOUTH ROGERS CIRCLE. SUITE 10

504 NW 77TH ST

## **FILED** May 20 1997 8:00am Secretary of State



BOCA RATON FL \$9487		BOCA RATON FL 33487-1323 US					
					3. Date Incorporated or Qualified 12/31/1992	3a. Date of La 01/31/19	
2. Principal P	lace of Business	26. Mailing Address		4. FEI Number Applied For		Applied For	
21		26		14-1747583 Not Appl		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & Stat	6	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Country 30	/	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re-	gistered Agent	
REV	/AH, CECILE		81	Name			
8631 NEWPORT LK CIR BOCA RATON FL 3W349			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			"	Site of Address (F.O. Box Hamber is Not Acceptable)			
			83				
			84	City		<b>—</b> 85	Zip Code
			64	City		FL   85	Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida Such change was a ations of, Section 607.0505, Flor	s, the abov uthorized b rida Statute	e-named cor y the corpora s.	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of chang t the appointmen	ng its registered It as registered
SIGNATURE							
	Signature, typed or printed name of registered ager			ent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND	D DIRECTORS DELETE	13.	. <del></del>	ADDITIONS/CHANGES TO OFFIC	EHS AND DIREC	
TITLE	, <del>-</del> ·		1.1 THLE			☐ Cila	rige [_] Addition
NAME	ABITBOL, PROSPER 990 SOUTH ROGERS CIRCLE		1.2 NAME				
STREET ADDRESS	BOCA RATON FL 33487		1	FADDRESS			
CITY-ST-ZIP	<u></u>			ST-ZIP	Change Addition		
TITLE "	C DEMAN DANIE			}			ilde 🗂 voquio
NAME	990 SOUTH ROGERS CIRCLE 23		2.2 NAME				
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP	DV RATUR PL 3340/			ST-ZIP	Change Addition		
TITLE		L. DELETE	3.1 TITLE			спа	nge 🗀 Adomoi
NAME	REVAH, SALOMON		3.2 NAME				
STREET ADDRESS	990 SOUTH ROGERS CIRCLE			T ADDRESS			
CITY-ST-ZIP	BOÇA RATON FL 33487	DELETE	3.4. CITY-	ST-ZIP		Cha	nge Addilior
TITLE	REVAH. SALOMON	beter	4.1 TITLE				NGG C MOUNTON
NAME			4. 2 NAME				
STREET ADDRESS	990 SOUTH ROGERS CIRCLE	DOOL DATON EL COLOT		4.3 STREET ADDRESS			
CITY-ST-ZIP	DST	DELETE	4.4 CITY-1	ST - ZIP		Cha	nge Addition
TITLE		☐ ottelt	6.1 TITLE	-		☐ Lita	
NAME	REVAH, CECILE		5.2 NAME				es
STREET ADDRESS	990 SOUTH ROGERS CIRCLE			ADDRESS			512019
CITY-ST-ZIP	BOCA RATON FL 33487	- T BELETE	5.4 CHY-1	ST - ZIP		F1 Ac-	
TITLE		☐ DELETE	61 THTLE	1		☐ Cha	nge 🔲 Addilior
NAME			6.2 NAME		70000220 -06/04/970100	0597	
STREET ADDRESS			63 STREE	I ADDRESS	-06/04/970100	)2013	
OUTV OT THO			CACITIC	37 310 I	ብለተለያ <b>ለ</b> ውሮ ውው		

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 on an attachment with an address.