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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 24, 1999 8:00 am Secretary of State

05-24-1999 90028 001 \*\*\*150.00

## DOCUMENT # F9200001003

Country

9. Name and Address of Current Registered Agent

25

701 WEST CYPRESS CREEK ROAD

FORT LAUDERDALE FL 33309

MREJEN, ARIE P.A.

SUITE 302

1. Corporation Name

City & State

Zip

M.J. APPAREL, INC.

Principal Place of Business
990 SOUTH ROGERS CIRCLE. SUITE 10 BOCA RATON FL 33487
2 Principal Place of Rusiness

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

C/O ARIE MREJEN. P.A. 701 WEST CYPRESS CREEK ROAD. SUITE 302 FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

12/31/1992								
4. FEI Number			Applied For					
. 14-1747583		ı	Not Applicable					
5. Certifcate of Status Desire	d 🗆	\$8.75 Additional Fee Required						
Election Campaign Financ     Trust Fund Contribution	ing 🗀	\$5.00 May Be Added to Fees						
This corporation owes the Personal Property Tax.	current year l	ntangible Yes	□No					
10. Name and Address of No	IO. Name and Address of New Registered Agent							

		Pe	rsonal Prop	erty Tax.		∐ Ye	es ⊔N	Ю
		10. Na	me and Ac	dress of New	Registered A	gent		
B1	Name							
82	Street Add	ress (P.O.	Box Numbe	er is Not Accep	table)			_
83		_						
84	City				C I	85	Zip Code	
					, FL	1		_

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.

Country

30

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	). (NOTE: Re	gistered Agent signature requi	red when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTO	RS IN 12
TITLE	PVTS	DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	ABITBOL, PROSPER		1.2 NAME			
STREET ADDRESS	701 WEST CYPRESS CREEK ROAD, #302		1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP	-		
TITLE	AVIZ	☐ DELETE	2.1 TITLE		Change	Addition
NAME	LADIVAH CELILE		2.2 NAME			
STREET ADDRESS	YO MESTON, ARIE P.A. 701 WEST CYPRESS CREEK R FT. LAYDENDAME, FL. 3336	490	2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LANDENDAVE, FL. 3334	54	2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		· — - · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u></u>	
TITLE	-	☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS	Ì		6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY- ST-ZIP			

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 informatio 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, with all other like empowered.

CR2E034 (11/98)