FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:24

DOCUMENT # F93000001452 (2)

1. Corporation Name
THE APPAREL GROUP, LTD., INC.

Principal Place of Business	Mailing Address
P.O. BOX 32100 LOUISVILLE KY 40232	P.O. BOX 32100 LOUISVILLE KY 40232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-5569505	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CAMPBELL, CAMILLA
7240 ISLE OF CAPRI RD., SUITE 150
NAPLES FL 33961

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	LEE, HARRY	1.2 NAME	
STREET ADDRESS	49 AUSTIN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KOWLOON, HONG KONG	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	☐ Change ☐ Addition
NAME	LEE, RICHARD	2.2 NAME	
STREET ADDRESS	49 AUSTIN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KOWLOON, HONG KONG	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	YEUNG, DONALD	3.2 NAME	
STREET ADDRESS	1259 FOUSHEE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	RAMSEUR NC 27316	3.4 CITY-ST-ZIP	
TITLE	~~P~~	4.1 TITLE	Acting President ☒ Change ☐ Addition
NAME	~~KAPLAN, V. JEROME~~	4.2 NAME	Glasser, David
STREET ADDRESS	~~1370 AVENUE OF AMERICAS~~	4.3 STREET ADDRESS	1370 Avenue of Americas
CITY-ST-ZIP	~~NEW YORK NY 10019~~	4.4 CITY-ST-ZIP	New York NY
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	MAK, KAM YUEN	5.2 NAME	
STREET ADDRESS	4300 LEGHORN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40218	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	☐ Change ☐ Addition
NAME	GLASSER, DAVID	6.2 NAME	
STREET ADDRESS	1370 AVENUE OF AMERICAS	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 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)(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.

SIGNATURE: _____ Jan 31, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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