FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **03/19/1993**	3a. Date of Last Report: **02/13/1995**
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 / Country 24 / 25	Zip / Country 29 / 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	AP	☒ DELETE	4.1 TITLE	President	☒ Change ☒ Addition
NAME	GLASSER, DAVID		4.2 NAME	E. R. Hegger, Jr.	
STREET ADDRESS	1370 AVEBYE IF ANERUCAS		4.3 STREET ADDRESS	1370 Avenue of Americas	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	New York NY	
TITLE	VP	☐ DELETE	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	☐ DELETE	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)(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: _____ 1/25/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)