

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

0180667

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J49047

1. Corporation Name

SOUTHEAST APPAREL GROUP, INC.

FILED

00 FEB 16 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 09-2000
DO NOT WRITE IN THESE SPACES

Principal Place of Business

777 NW 72ND AVE
SUITE 3D19 *
MIAMI FL 33126
US

Mailing Address

777 NW 72ND AVE
SUITE 3D19
MIAMI FL 33126
US

2. Principal Place of Business

2a. Mailing Address

21 777 NW 72 Ave

26

Suite, Apt. #, etc.

22 * 3F20

27

SAME

City & State

23 Miami FL

City & State

28

Zip 33126

Country USA

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

12/22/1986

4. FEI Number

59-2755304

Applied ☒ SP
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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FREEMAN, ROBERT A. P.A.
2601 SO BAYSHORE DRIVE, SUITE 1425
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name Stephen Becker
82 Street Address (P.O. Box Number is Not Acceptable)
777 N.W. 72 Ave
83 Suite 3F20
84 City Miami FL 85 Zip Code 33126

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	BECKER, STEPHEN	777 NW 72ND AVE, #3D19	MIAMI FL	<input type="checkbox"/>
VST	SIFLINGER, LAWRENCE	777 NW 72ND AVE, #3D19	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (1/198)