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 JUN 20 PM 12:17

DOCUMENT # K44387 (4)

1. Corporation Name
FLAMINGO APPAREL, INC.

Principal Place of Business	Mailing Address
901 E. 10TH AVE. #22A HIALEAH FL 33010	901 E. 10TH AVE. #22A HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1988	3a. Date of Last Report: 01/24/1994

2. Principal Place of Business 21 901 E 10th AVENUE	2a. Mailing Address 26 901 EAST 10th AVENUE
Suite, Apt. #, etc. 22 SUITE 12F	Suite, Apt. #, etc. 27 SUITE 12F
City & State 23 HIALEAH, FLORIDA	City & State 28 HIALEAH, FLORIDA
Zip 24 33010 Country 25 USA	Zip 29 33010 Country 30 USA

4. FEI Number: 65-0086744 ☐ 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

9. Name and Address of Current Registered Agent

THOMSON, JOHN M.
2222 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134

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 of new registered agent (if changing) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	WIENER, CARL	12 NAME	ARTHUR KWIAT
STREET ADDRESS	12001 N.W. 15TH CT.	13 STREET ADDRESS	7348 MANDARIN DRIVE
CITY ST ZIP	PEMBROKE PINES FL	14 CITY ST ZIP	BOCA RATON, FL 33433
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: _____ 6-16-95 (305)884-1712
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

007A494 CP

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95 POSTED

DOCUMENT # **K46171** **(0)**

1. Corporation Name
DANA DEATHERAGE DESIGNS, INC.

Principal Place of Business	Mailing Address
7760 WEST 20TH AVENUE BAY 5 HIALEAH FL 33016	7760 WEST 20TH AVENUE BAY 5 HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 2646 N.E. 189TH TERRACE
Suite, Apt # etc: 22
City & State: 23 N. MIAMI BEACH, FL
Zip: 24 33180 County: 25 DADE

2a. Mailing Address
26 2646 N.E. 189TH TERRACE
Suite, Apt #, etc: 27
City & State: 28 N. MIAMI BEACH
Zip: 29 33180 County: 30 DADE

4. FEI Number: 59-2808565 ☐ 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

9. Name and Address of Current Registered Agent

DEATHERAGE, DANA
7760 WEST 20TH AVENUE
BAY 5
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2646 N.E. 189TH TERRACE
83
84 City: N. MIAMI BEACH FL 85 Zip Code: 33180

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	☒ Change	☐ Addition
NAME	DEATHERAGE, DANA	12 NAME		
STREET ADDRESS	7760 W. 20TH AVE., BAY 5	13 STREET ADDRESS	2646 N.E. 189TH TERRACE	
CITY ST ZIP	HIALEAH FL	14 CITY ST ZIP	N. MIAMI BEACH, FL 33180	
TITLE	D	21 TITLE	☒ Change	☐ Addition
NAME	DEATHERAGE, DANA	22 NAME		
STREET ADDRESS	7760 W. 20TH AVE., BAY 5	23 STREET ADDRESS	2646 N.E.189TH TERRACE	
CITY ST ZIP	HIALEAH FL	24 CITY ST ZIP	N. MIAMI BEACH, FL 33180	
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is currently 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 the 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: Dana Deatherage 5/22/95
(Required) Typed or printed name of signing officer or director (Date) (Daytime Phone #)

6046520 CP