FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996



Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	K699	43

DOCUI	MENT # K6994	3 (4)			
**	NGHAM MANAGEMENT CO	RP.			
Principal Place	of Business	Maling Andress			
	NT CORP. OF AMERICA	C/O GARMENT CORP.	OF AMERICA		
801 W 41 ST MIAMI BCH		801 W 41 ST. 3RD FL MIAMI BCH FL 33140			
US		U\$		3. Date Incorporated or Qualified 03/02/1989	3a. Date of Last Report 04/04/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0104099	Applied For Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #. etc.	7 (N	5. Certificate of Status Desired	\$9.75 Additional
City & State	27				Fee Required
23	:	Oity & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	9. Name and Address of Curren	29	[30]	Florida Statutes 🔀 Yes	
	g. Name and Address of Curren	r negistered Agent	81 Name	10. Name and Address of New Ro	
CT COR	PORATION SYSTEM			HRIBUE PADRON	
	PINE ISLAND ROAD		82 Street Add	ress (P.O. Box Nurriber is Not Acceptable ACTHUR CONFREY	00 F# 200
	TION FL 33324		83	WILLIAM GORACEA	KUPU) #500
			84 City W	HDAZB IMA	FL 85 Zip Code
11. Pursuant to or registere	o the provisions of Sections 617,0502	and 607.1508 Florida Statute	s, the above named corpo	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of changing its registered office
familiar wit	h, and accept the oblightidis of Secti	ov 607.0505, Florida Statutes.	to the corporations both	ro or directors. Thereby accept the appo	iniment as registered agent. Lam
SIGNATURE	Signature, type Colombod rights of regulation types		PRORUN - High the Chapter signal vertex ve	Andrew and I am a second	4-55-46
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.17111.6		Change Addition
NAME	Shulevitz, Joseph		1.2 NAME		
STREET ADDRESS	810 W 41 ST, 3RD FL		1.3 SPREET ADDRESS		
CITY - ST - ZIP	MIAMI BCH FL		1.4 CITY - \$T - ZIP		
TITLE	SVD	☐ DELETE	2 1 THE		Change Addition
NAME	SHULEVITZ, DAVID J. 801 W 41 ST 3RD FL		2.2 NAME		
STREET ADDRESS	MIAMI BCH FL		2 3 STHEET ADDRESS		
CITY-ST-ZIP THLE	MINANI DOTT I E	DELETE	2.4 CHY-ST ZIP 3.1 TITLE		
NAME		остст	3 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			33 STREET ADDRESS		
CITY-S1-7/P			3.4 CHY -ST-ZIP		
TITLE		☐ DELETE	4 I THLE		☐ Change ☐ Addition
NAME			4 2 NAME		_ , _
STREET ADDRESS			4.3 SYREET ADORESS		
CHY-ST-ZIP			4 4 CITY - ST - ZIP	·	
TITLE		☐ DELFTE	5 1 TiTus		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY - ST - ZIP	700000000000000000000000000000000000000	DELETE	5.4 CITY - \$1 - ZIP		
NAME			6 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
14 I do bereb	roods, that the information and ad-	St. 41.1. Ct.	6 4 CHY-ST ZIP		

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 armust report or supplier ental armust report is true and accurate and trial my signature shall have the same legal effect as if made under oath, that I am an officer or director of true 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 ghanged, or on an attachment with an address.

SIGNATURE:

- JOSEPH SHULEVITZ 4-22-96 (305)53+4040