**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90153 037 \*\*\*158.75

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # K69943**

Corporation Name

Principal Place of Business

BIRMINGHAM MANAGEMENT CORP.

801 W 41 ST. 3 MIAMI BCH FL US	33140 lace of Business	C/O GARMENT CORP. OF AMERICA 801 W 41 ST. 3RD FL MIAMI BCH FL 33140 US  2a. Mailing Address 26  Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 03/02/1989  4. FEI Number Applied For 65-0104099 Not Applicable \$8.75 Additional				
22		27			5. Certificate of Status Desired	<b>+</b> - · · · -	equired	
City & State	·	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	~	28			Trust Fund Contribution		to Fees	
Zip	Country	Country Zip Co						
24	25	29 30	¬ ′		Personal Property Tax.			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Name				
PADRON, ENRIQUE			00	OD Charles (D.O. Davidson in Not Accomptable)				
801	ARTHUR GODFREY ROAD		82 Str		Address (P.O. Box Number is Not Acceptable)			
#300			83					
MIAMI BEACH FL 33140							0.4	
			84	City	FI	85 Zip	Code	
office of re agent. I at SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida, Such change was auth igations of, Section 607.0505, Florid	norized by la Statutes	the corpora	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appoint the directors of the purpose of the	intment as re	egistered	
12.	Signature, typed or printed name of registered		13.	it signatule requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE	PD	AND DIRECTORS	1.1 TITLE		ADDITIONS/CHARTOLS TO OF FISHIO A	Change	Addition	
		_ Dece ie	1.2 NAME					
NAME	SHULEVITZ, JOSEPH 810 W 41 ST, 3RD FL			T A DODE CO				
STREET ADDRESS				TADDRESS			1	
CITY-ST-ZIP	MIAMI BCH FL	DELETE	1.4 CITY-S 2.1 TITLE	1-21		Change	Addition	
TITLE	SVD	_ becere	2.2 NAME					
NAME	OHOCEVITE, DAVID 6.		2.3 STREET	T 4000ECC			1	
STREET ADDRESS	501 17 17 51, 51,2 12							
CITY-ST-ZIP	<u> MIAMI BCH FL</u>	☐ DELETE	2.4 CITY-S 3.1 TITLE	S1-ZIP		Change	Addition	
NAME		_ 522270	3.2 NAME	1				
STREET ADDRESS				T ADDRESS				
			3.4. CITY-S					
CITY-ST-ZIP TITLE		☐ ĐELETE	4.1 TITLE	J1-2N		☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			4.4 CITY-S	!				
TITLE		☐ DELETE	5.1 TITLE		<del></del>	☐ Change	☐ Addition	
NAME			5.2 NAME			_		
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS	, 4		6.3 STREE	TADDRESS				

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:

ACTURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4(3)

36)531-4040

R2F034 (11/98)