

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
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 14 PM 9:39

DOCUMENT # L41512 (9)

1. Corporation Name

ALL AMERICAN PLAYWEAR, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
 19355 TURNBERRY WAY
 SUITE 6A
 NORTH MIAMI BEACH FL 33180

Mailing Address
 19355 TURNBERRY WAY
 SUITE 6A
 NORTH MIAMI BEACH FL 33180

3. Date Incorporated or Qualified **01/08/1990** 3a. Date of Last Report **01/19/1994**

2. Principal Place of Business **21** 2a. Mailing Address **26**

4. FBI Number **63-0631497** Applied For ☐ Not Applicable ☐

Suite, Apt. #, etc. **22** Suite, Apt. #, etc. **27**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State **23** City & State **28**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Zip **24** Country **25** Zip **29** Country **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
 EISDORFER, NOEL S.
 19355 TURNBERRY WAY
 SUITE 6A
 NORTH MIAMI BEACH FL 33180

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	EISDORFER, NOEL
STREET ADDRESS	19355 TURNBERRY WAY 6-A
CITY ST ZIP	N. MIAMI BEACH FL 33180
TITLE	DIRECTOR
NAME	EISDORFER, LEAH
STREET ADDRESS	19355 TURNBERRY WAY - 6A
CITY ST ZIP	N. MIAMI BEACH, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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(1)(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:

Noel S. Eisdorfer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/95
 Date

(305) 931-8147
 Telephone

CR2E034 (3/95)