

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAY -1 PH 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **L64583**

(2)

1. Corporation Name

TRANSWORLD GARMENTS, INC.

Principal Place of Business

2086 NW 18AVE
MIAMI FL 33142

Mailing Address

2086 NW 18AVE
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1990

3a. Date of Last Report

08/30/1994

2. Principal Place of Business

21 529 N.W 28TH STREET

2a. Mailing Address

26 529 N.W 28TH STREET

4. FEI Number

65-0208400

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

Zip

Country

24 33127

25 DADE

Zip

Country

29 33127

30 DADE

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

PORKOLAB, MARITZA
2086 NW 18 AVE
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

MARITZA PORKOLAB

82 Street Address (P.O. Box Number is Not Acceptable)

529 N.W 28TH STREET

83

84 City MIAMI

FL

85 Zip Code

33127

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

SECRETARY TREASURER

4/25/95

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

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEL TORO, CLAUDIA
STREET ADDRESS	2086 NW 18TH AVE
CITY - ST - ZIP	MIAMI FL 33142
TITLE	ST
NAME	PORKOLAB, MARITZA
STREET ADDRESS	2086 NW 18TH AVE
CITY - ST - ZIP	MIAMI FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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(3)(b), 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 this 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:

MARITZA PORKOLAB - SECRETARY TREASURER

4/25/95

305-573-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR