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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L64583

(2)

1. Corporation Name

TRANSWORLD GARMENTS, INC.



Principal Place of Business

Mailing Address

529 N.W. 28TH STREET  
MIAMI FL 33127  
US

529 N.W. 28TH STREET  
MIAMI FL 33127  
US

3. Date Incorporated or Qualified

04/09/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORKOLAB, MARITZA  
529 N.W. 28TH STREET  
MIAMI FL 33127

81 Name

CLAUDIA DEL TORO

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

CLAUDIA DEL TORO

Signature (typed or printed name of registered agent and the date of signature)

4/22/96.-

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DEL TORO, CLAUDIA	
STREET ADDRESS	2086 NW 18TH AVE	
CITY- ST- ZIP	MIAMI FL 33142	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	PORKOLAB, MARITZA	
STREET ADDRESS	2086 NW 18TH AVE	
CITY- ST- ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DEL TORO, CLAUDIA	
13 STREET ADDRESS	529 N.W. 28TH STREET	
14 CITY- ST- ZIP	MIAMI, FLORIDA 33127	
21 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PORKOLAB, MARITZA	
23 STREET ADDRESS	529 N.W. 28TH STREET	
24 CITY- ST- ZIP	MIAMI, FLORIDA 33127	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(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:

Signature and typed or printed name of signing officer or director

4/22/96 (305) 573-6297

CR2E034 (12/95)