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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 21 PM 2:36

DOCUMENT # **L69064** (8)

1. Corporation Name
BISCAYNE APPAREL, INC.

Principal Place of Business	Mailing Address
2665 SOUTH BAYSHORE DRIVE 6TH FLOOR MIAMI FL 33131	2665 SOUTH BAYSHORE DR. SUITE 800 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/27/1990	3a. Date of Last Report 04/26/1994
4. FEI Number 65-0200397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

KLEIN, PETER W
2665 S BAYSHORE DR
SUITE 800
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	POLLACK, EARL W.
STREET ADDRESS	2665 SOUTH BAYSHORE DR., SUITE 800
CITY-ST-ZIP	MIAMI FL 33133
TITLE	D
NAME	GEORGE, PHILLIP T. M.D.
STREET ADDRESS	2665 SOUTH BAYSHORE DR., SUITE 800
CITY-ST-ZIP	MIAMI FL 33133
TITLE	D
NAME	PARTRIDGE, JOHN W.
STREET ADDRESS	U.S. ROUTE 40 AND OAK RD.
CITY-ST-ZIP	BUENA NJ 08310
TITLE	D
NAME	ENGMAN, LEWIS A.
STREET ADDRESS	1620 I STREET, N.W., SUITE 800
CITY-ST-ZIP	WASHINGTON DC 20006
TITLE	DP D/P/COO
NAME	POLLACK, JOHN E.
STREET ADDRESS	1337 BROAD STREET, THIRD FLOOR
CITY-ST-ZIP	CLIFTON NJ 07013
TITLE	D
NAME	PINTO, JAMES J
STREET ADDRESS	520 MADISON AVE., 40TH FLOOR
CITY-ST-ZIP	NEW YORK NY 10022

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Berritt, Harold E.
1.3 STREET ADDRESS	410 Park Avenue
1.4 CITY-ST-ZIP	New York, New York 10022
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gildenhorn, Joseph B.
2.3 STREET ADDRESS	1250 Connecticut Avenue, N.W.
2.4 CITY-ST-ZIP	Washington, D.C. 20036
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gutfreund, Kurt C.
3.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
3.4 CITY-ST-ZIP	Miami, Florida 33133
4.1 TITLE	D/COB/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Powell, Earl W.
4.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
4.4 CITY-ST-ZIP	Miami, Florida 33133
5.1 TITLE	D/VP/CFO/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Vandenberg, Peter
5.3 STREET ADDRESS	1373 Broad Street, Third Floor
5.4 CITY-ST-ZIP	Clifton, New Jersey 07013
6.1 TITLE	S/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Klein, Peter W.
6.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
6.4 CITY-ST-ZIP	Miami, Florida 33133

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 110.07(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 as an attachment with an address.

SIGNATURE: *Marilyn D. Kuffner* 03/16/95 (305)858-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Biscayne Apparel, Inc. - L69064

Additions to Officers and Directors

Assistant Secretary

Kuffner, Marilyn D.

2665 South Bayshore Drive, Suite 800

Miami, Florida 33133