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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:54

DOCUMENT # N14198 (8)

1. Corporation Name

UNITED STATES APPAREL INDUSTRY COUNCIL, INC.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DR. STE 600 MIAMI FL 33126	5200 BLUE LAGOON DR. STE 600 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1986
3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-2701429 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

TRAVIS, THOMAS G.
5200 BLUE LAGOON DRIVE, STE 600
MIAMI FL 33126

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	KILGORE, JAMES	12 NAME	
STREET ADDRESS	1155 BATTERY ST.	13 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	SCULLY, JAMES	22 NAME	
STREET ADDRESS	6113 LEMMON AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	OLWEEAN, RON	32 NAME	
STREET ADDRESS	450 HANES MILL ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC 27105	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MANO, HOWARD	42 NAME	
STREET ADDRESS	7905 W. 20TH AVE	43 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ISAAC, BILL	52 NAME	
STREET ADDRESS	60 SUNLAND PK. DR. BLDG,5, STE. 500	53 STREET ADDRESS	
CITY-ST-ZIP	EL PASO TX 79912	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ROWAN, ROBERT	62 NAME	
STREET ADDRESS	335 CHURCH CT	63 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mano Howard 3/13/95 305-362-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008721