

FILE NOW: FILING FEE IS \$61.25-

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

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MIAMI FL 33126

3. Date Incorporated or Qualified  
04/04/1986

3a. Date of Last Report  
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title in application

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE  
NAME KILGORE, JAMES  
STREET ADDRESS 1155 BATTERY ST.  
CITY-ST-ZIP SAN FRANCISCO CA

TITLE P ☐ DELETE  
NAME SCULLY, JAMES  
STREET ADDRESS 6113 LEMMON AVE.  
CITY-ST-ZIP DALLAS TX

TITLE D ☒ DELETE  
NAME OLWEEAN, RON  
STREET ADDRESS 450 HANES MILL ROAD  
CITY-ST-ZIP WINSTON-SALEM NC 27105

TITLE D ☐ DELETE  
NAME MANO, HOWARD  
STREET ADDRESS 7905 W. 20TH AVE  
CITY-ST-ZIP HIALEAH FL

TITLE D ☒ DELETE  
NAME ISAAC, BILL  
STREET ADDRESS 60 SUNLAND PK. DR. BLDG.5, STE. 500  
CITY-ST-ZIP EL PASO TX 79912

TITLE D ☐ DELETE  
NAME ROWAN, ROBERT  
STREET ADDRESS 335 CHURCH CT  
CITY-ST-ZIP GREENSBORO NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VP/DIRECTOR ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE P/DIRECTOR ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE D ☐ Change ☒ Addition  
32 NAME JERRY COOK  
33 STREET ADDRESS 1000 E. HANES MILL ROAD  
34 CITY-ST-ZIP WINSTON-SALEM, NC 27105

41 TITLE D ☐ Change ☒ Addition  
42 NAME DAVID GINN  
43 STREET ADDRESS 222 PIEDMONT AVENUE N.E.  
44 CITY-ST-ZIP ATLANTA, GA 30308

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ 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 617, 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

FEB 17, 96 (214) 456 4295

3-72-96

CR2E037 (12/95)