

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N14198 (8)
 Corporation Name
UNITED STATES APPAREL INDUSTRY COUNCIL, INC.



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

3. Date Incorporated or Qualified: **04/04/1986**
 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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85)
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD KILGORE, JAMES	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1155 BATTERY ST.	1.2 NAME	
STREET ADDRESS	SAN FRANCISCO CA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD SCULLY, JAMES	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6113 LEMMON AVE.	2.2 NAME	
STREET ADDRESS	DALLAS TX	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D COOK, JERRY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 E HANES MILL RD	3.2 NAME	
STREET ADDRESS	WINSTON-SALEM NC 27105	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MANO, HOWARD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7905 W. 20TH AVE	4.2 NAME	
STREET ADDRESS	HIALEAH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GINN, DAVID	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	222 PIEDMONT AVE NE	5.2 NAME	
STREET ADDRESS	ATLANTA GA 30308	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ROWAN, ROBERT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	335 CHURCH CT	6.2 NAME	
STREET ADDRESS	GREENSBORO NC	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 supplement 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 filed in attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4/30/98**
 Daytime Phone: **305 362 2829 #304**
 0028301

CR2E037 (10/97)