

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P20943 (7)

1. Corporation Name
BISCAYNE APPAREL INTERNATIONAL, INC.



Principal Place of Business 1373 BROAD ST. THIRD FLOOR CLIFTON NJ 07013	Mailing Address 2665 SOUTH BAYSHORE DR. SUITE 800 MIAMI FL 33133-5448
---	---

3. Date Incorporated or Qualified 09/16/1988		3a. Date of Last Report 04/12/1996	
2. Principal Place of Business		4. FEI Number 36-2947663	
2a. Mailing Address		Applied For Not Applicable	
21. Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip Country		29. Zip Country	
25. Country		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KLEIN, PETER W. 2665 SOUTH BAYSHORE DRIVE 8TH FLOOR MIAMI FL 33133				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DCOB	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWELL, EARL W.		1.2 NAME	
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, 8TH FLOOR		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEORGE, PHILLIP T. M.D.		2.2 NAME	
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, 8TH FLOOR		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33133		2.4 CITY-ST-ZIP	
TITLE DP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME POLLACK, JOHN E.		3.2 NAME	
STREET ADDRESS 1373 BROAD STREET, THIRD FLOOR		3.3 STREET ADDRESS	
CITY-ST-ZIP CLIFTON NJ 07013		3.4 CITY-ST-ZIP	
TITLE VPTC	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VANDEBERG, PETER JR		4.2 NAME	
STREET ADDRESS 1373 BROAD STREET, THIRD FLOOR		4.3 STREET ADDRESS	
CITY-ST-ZIP CLIFTON NJ		4.4 CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLEIN, PETER W.		5.2 NAME	
STREET ADDRESS 2665 S BAYSHORE DR, SUITE 800		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33133		5.4 CITY-ST-ZIP	
TITLE EVP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERMAN, LEWIS		6.2 NAME	
STREET ADDRESS 1373 BROAD ST		6.3 STREET ADDRESS	
CITY-ST-ZIP CLIFTON NJ		6.4 CITY-ST-ZIP	

14. I do 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 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: *Marilyn D. Kuffner* DATE: **4/19/97** DAYTIME PHONE #: **305/858-2200**

CFR2E034 (9/96)