

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

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P20943** (7)

1. Corporation Name  
**BISCAYNE APPAREL INTERNATIONAL, INC.**



Principal Place of Business <b>1373 BROAD ST. THIRD FLOOR CLIFTON NJ 07013</b>	Mailing Address <b>2665 SOUTH BAYSHORE DR. SUITE 800 MIAMI FL 33133-5448</b>
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3. Date Incorporated or Qualified <b>09/16/1988</b>	3a. Date of Last Report <b>04/12/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number <b>36-2947663</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**KLEIN, PETER W.  
2665 SOUTH BAYSHORE DRIVE  
8TH FLOOR  
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	<b>FL</b>

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)