

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-2947663	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

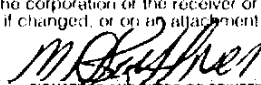
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KLEIN, PETER W. 2665 SOUTH BAYSHORE DRIVE 8TH FLOOR MIAMI FL 33133		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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	11 TITLE	COB/D/CEO
NAME	POWELL, EARL W.	12 NAME	Earl W. Powell
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, 8TH FLOOR	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	
NAME	GEORGE, PHILLIP T. M.D.	22 NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, 8TH FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	S
NAME	KUFFNER, MARILYN D.	32 NAME	Marilyn D. Kuffner
STREET ADDRESS	2665 S BAYSHORE DR, 8TH FLOOR	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	VPTC	41 TITLE	P/D/T/CFO
NAME	VANDENBERG, PETER JR	42 NAME	Peter Vandenberg, Jr.
STREET ADDRESS	1373 BROAD STREET, THIRD FLOOR	43 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ	44 CITY-ST-ZIP	
TITLE	VS	51 TITLE	
NAME	KLEIN, PETER W.	52 NAME	
STREET ADDRESS	2665 S BAYSHORE DR, SUITE 800	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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, Sec. 4-28-98 305/582-2200

CR2E034 (10/97)