

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000002262 (3)

1. Corporation Name

ONE SIZE UP LADIES APPAREL, INC.



Principal Place of Business

3575 NE 207TH STREET
SUITE A-14
N MIAMI BEACH FL 33180
US

Mailing Address

3575 NE 207TH STREET
SUITE A-14
N MIAMI BEACH FL 33180
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

SMOLER, BRUCE J ESO
100 SE 2ND STREET
3940 INTERNATIONAL PLACE
MIAMI FL 33131

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 607.1505, 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 607.0503, Florida Statutes.

SIGNATURE

Signature and printed name of registered agent or director

Signature and printed name of officer or director

Date

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	ABADY, MARGO	
STREET ADDRESS	8701 N COUNTRY CLUB DRIVE, APT 1908	
CITY-STATE-ZIP	N MIAMI BEACH FL 33180	
TITLE	D	[] DELETE
NAME	ABADY, DAVID	
STREET ADDRESS	2110 NE 214 STREET	
CITY-STATE-ZIP	N MIAMI BEACH FL	
TITLE	D	[] DELETE
NAME	ABADY, ELIZABETH	
STREET ADDRESS	2110 NE 214 STREET	
CITY-STATE-ZIP	N MIAMI BEACH FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	[] Change [] Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	[] Change [] Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	[] Change [] Addition
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied herein is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I hereby 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, that the officer or trustee empowered to execute this report is authorized by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an affidavit.

SIGNATURE: X
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

900001763819
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***200.00

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