

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P93000036001 (4)**

1. Corporation Name

**GTA APPAREL GROUP, INC.**



Principal Place of Business

Mailing Address

11700 NW 102ND ROAD  
2601 SOUTH BAYSHORE DRIVE, SUITE 1600  
MEDLEY FL 33178  
US

11700 NW 102ND ROAD  
2601 SOUTH BAYSHORE DRIVE, SUITE 1600  
MEDLEY FL 33178  
US

3. Date Incorporated or Qualified

**05/19/1993**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0414655**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

**A Z REGISTERED AGENT CORPORATION  
2601 SOUTH BAYSHORE DRIVE  
SUITE 1600  
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 607.1508, 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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D GERWIT, KENNETH**

1.2 NAME

STREET ADDRESS **2896 BIRKDALE**

1.3 STREET ADDRESS

CITY, ST, ZIP **FT LAUDERDALE FL 33332**

1.4 CITY, ST, ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **D ALBALA, MICHAEL**

2.2 NAME

STREET ADDRESS **12041 PICADILLY PLACE**

2.3 STREET ADDRESS

CITY, ST, ZIP **DAVIE FL 33325**

2.4 CITY, ST, ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **D GERWIT, BARBARA**

3.2 NAME

STREET ADDRESS **2896 BIRKDALE**

3.3 STREET ADDRESS

CITY, ST, ZIP **FT LAUDERDALE FL 33332**

3.4 CITY, ST, ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D TRONCALLI, VICTOR**

4.2 NAME

STREET ADDRESS **2949 W HIGHWAY 434 SUITE 400**

4.3 STREET ADDRESS

CITY, ST, ZIP **LONGWOOD FL 32779**

4.4 CITY, ST, ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY, ST, ZIP

5.4 CITY, ST, ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY, ST, ZIP

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/96 (305)**

Date

Daytime Phone #

CR2E034 (12/95)