

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 AUG 26 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 # **P93000036001 (4)**

1. Corporation Name  
**GTA APPAREL GROUP, INC.**



Principal Place of Business <b>11700 NW 102ND ROAD SUITE 15</b> <del>6001 SOUTH BAYSHORE DRIVE SUITE 1600</del> <b>MEDLEY FL 33178</b> <b>US</b>	Mailing Address <b>11700 NW 102ND ROAD SUITE 15</b> <del>6001 SOUTH BAYSHORE DRIVE SUITE 1600</del> <b>MEDLEY FL 33178</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	3. Date Incorporated or Qualified <b>05/19/1993</b>	3a. Date of Last Report <b>01/26/1996</b>
		4. FEI Number <b>65-0414655</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>A Z REGISTERED AGENT CORPORATION</b> <b>2601 SOUTH BAYSHORE DRIVE</b> <b>SUITE 1600</b> <b>MIAMI FL 33131</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERWIT, KENNETH</b>	1.2 NAME	
STREET ADDRESS	<b>2896 BIRKDALE</b>	1.3 STREET ADDRESS	<b>500002279075-7</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33332</b>	1.4 CITY-ST-ZIP	<b>08/27/97-0112-019</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBALA, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>12041 PICADILLY PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERWIT, BARBARA</b>	3.2 NAME	
STREET ADDRESS	<b>2896 BIRKDALE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33332</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRONCALLI, VICTOR</b>	4.2 NAME	
STREET ADDRESS	<b>2949 W HIGHWAY 434 SUITE 400</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E034 (4/97)

**BARBARA  
GERWIT.**  
A DIVISION OF  
GTA APPAREL GROUP, INC.

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July 16, 1997

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL

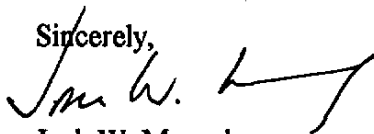
Dear Sir or Madam:

We just received a "2nd Notice " Annual Report Package. Unfortunately, we never received our first packet. In looking over the form, I notice that the corporate address and mailing address have been mixed up with that of our registered agents. I don't know how that happened or when, since last year we received the reporting form without incident.

I called your office and was told to correct the addresses and send the correct fee without the late charge along with an explanation of the situation. I am including the corrected annual report and the \$165.00 reporting fee as instructed.

Thank you.

Sincerely,



Jack W. Margoless  
Comptroller  
GTA Apparel Group, Inc.