

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P93000055057 (2)**

1. Corporation Name

INCA BEACHWEAR, INC.



Principal Place of Business

Mailing Address

**8554 PALM PARKWAY
ORLANDO FL 32836**

**8554 PALM PARKWAY
ORLANDO FL 32836-6432**

2. Principal Place of Business

2a. Mailing Address

21 **7670 INTERNATIONAL**

26 **9775 WARDEN CIRCLE**

22 **DRIVE #100**

27 **C-109**

23 **ORLANDO**

28 **TEMPERANCE**

24 **FL** 25 **32819**

29 **FL** 30 **33321**

9. Name and Address of Current Registered Agent

**VAKNIN, YAACOV
8554 PALM PARKWAY
ORLANDO FL 32836**

3. Date Incorporated or Qualified

07/28/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3198547

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

10. Name and Address of New Registered Agent

81 Name **SELWYN H. GLINCHER**

82 Street Address (P.O. Box Number is Not Acceptable)

9775 WARDEN CIRCLE C-109

83

84 City **TEMPERANCE**

FL

85 Zip Code **33321**

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and box, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/17/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D VAKNIN, YAACOV**
STREET ADDRESS **8554 PALM PARKWAY**
CITY - ST - ZIP **ORLANDO FL 32836**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **VAKNIN, YAACOV**
1.3 STREET ADDRESS **7670 INTERNATIONAL DRIVE #100**
1.4 CITY - ST - ZIP **ORLANDO, FL 32819**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/17/97 954-726-1035