

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055468 (1)

1. Corporation Name

IKE BEHAR APPAREL & DESIGN, INC.

Principal Place of Business

5900 MIAMI LAKES DR.
MIAMI LAKES FL 33014

Mailing Address

5900 MIAMI LAKES DR.
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/06/1993

3a. Date of Last Report

11/07/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

4. FBI Number

65-0433046

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

~~ZURE-TUDOR~~
5900 MIAMI LAKES DR.
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

B1 Name **LAWRENCE H. KOLBE**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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

Isaac Behar
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

7/14/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	*STREET ADDRESS	CITY - ST - ZIP
D	BEHAR, ISAAC	39 W 55TH ST	NEW YORK NY 10019
D	BEHAR, REGINA	39 W 55TH ST	NEW YORK NY 10019
D	ZURE-TUDOR	5900 MIAMI LAKES DR	MIAMI LAKES FL 33014
D			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		5900 Miami Lakes Dr	Miami Lakes, FL 33014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		5900 Miami Lakes Dr	Miami Lakes, FL 33014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Delete		<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	BEHAR, STOVE	5900 Miami Lakes Dr	Miami Lakes, FL 33014	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BEHAR, ALAN	5900 Miami Lakes Dr	Miami Lakes, FL 33014	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BEHAR, LAWRENCE	5900 Miami Lakes Dr	Miami Lakes, FL 33014	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Isaac Behar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

305-557-5212

Daytime Phone #

CR2E034 (3/95)