SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
5900 MIAMI LAKES DR. MIAMI LAKES FL 33014	5900 MIAMI LAKES DR. MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/06/1993	11/07/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0433046 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
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

81 Name: LAWRENCE H WOLFE
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 _____ 7/14/95
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	D	1.1 TITLE		☒ Change ☐ Addition
NAME	BEHAR, ISAAC	1.2 NAME		
STREET ADDRESS	39 W 55TH ST	1.3 STREET ADDRESS	5900 Miami Lakes Dr	
CITY-ST-ZIP	NEW YORK NY 10019	1.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	BEHAR, REGINA	2.2 NAME		
STREET ADDRESS	39 W 55TH ST	2.3 STREET ADDRESS	5900 Miami Lakes Dr	
CITY-ST-ZIP	NEW YORK NY 10019	2.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	~~D~~	3.1 TITLE	~~D~~	☒ Change ☐ Addition
NAME	~~ZURE, TUDOR~~	3.2 NAME		
STREET ADDRESS	5900 MIAMI LAKES DR	3.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	MIAMI LAKES FL 33014	3.4 CITY-ST-ZIP		
TITLE	~~D~~	4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Behar, Steve	
STREET ADDRESS		4.3 STREET ADDRESS	5900 Miami Lakes Dr	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Behar, Alan	
STREET ADDRESS		5.3 STREET ADDRESS	5900 Miami Lakes Dr	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Behar, Lawrence	
STREET ADDRESS		6.3 STREET ADDRESS	5900 Miami Lakes Dr	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami Lakes, FL 33014	

CR2E034 (3/95)

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)(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: _____ 305-557-5212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Isaac Behar

000048 CP