

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.)

FILED
Aug 04 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

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

| | | | | | |
|---|--|--|--|--|---------------------------------------|
| 2. Principal Place of Business 21 13955 NW 60 AVE Suite, Apt. #, etc. | | 2a. Mailing Address 26 13955 NW 60 AVE Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 08/06/1993 | 3a. Date of Last Report 03/28/1996 |
| 22 City & State 23 MIAMI LAKES FL | | 27 City & State 28 MIAMI LAKES FL | | 4. FEI Number 65-0433046 | Applied For Not Applicable |
| 24 Zip 33014 | | 25 Country DADE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 26 Zip 33014 | | 27 Country DADE | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 28 Zip 33014 | | 29 Country DADE | | 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

ZURZ, TUDOR
5900 MIAMI LAKES DR
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) 13955 NW 60 Ave |
| 83 |
| 84 City MIAMI LAKES FL |
| 85 Zip Code 33014 |

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  TUDOR ZURZ 7/28/97
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 | 0 BEHAR, ISAAC <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEHAR, ISAAC | 1.2 NAME | |
| STREET ADDRESS | 5900 MIAMI LAKE DR | 1.3 STREET ADDRESS | 13955 NW 60 Ave |
| CITY-ST-ZIP | MIAMI LAKES FL | 1.4 CITY-ST-ZIP | MIAMI LAKES FL 33014 |
| TITLE | D BEHAR, REGINA <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEHAR, REGINA | 2.2 NAME | |
| STREET ADDRESS | 5900 MIAMI LAKES DR | 2.3 STREET ADDRESS | 13955 NW 60 Ave |
| CITY-ST-ZIP | MIAMI LAKES FL | 2.4 CITY-ST-ZIP | MIAMI LAKES FL 33014 |
| TITLE | D BEHAR, STEVE <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEHAR, STEVE | 3.2 NAME | |
| STREET ADDRESS | 5900 MIAMI LAKES DR | 3.3 STREET ADDRESS | 13955 NW 60 Ave |
| CITY-ST-ZIP | MIAMI LAKES FL | 3.4 CITY-ST-ZIP | MIAMI LAKES FL 33014 |
| TITLE | D BEHAR, ALAN <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEHAR, ALAN | 4.2 NAME | |
| STREET ADDRESS | 5900 MIAMI LAKES DRIVE | 4.3 STREET ADDRESS | 13955 NW 60 Ave |
| CITY-ST-ZIP | MIAMI LAKES FL | 4.4 CITY-ST-ZIP | MIAMI LAKES FL 33014 |
| TITLE | D BEHAR, LAWRENCE <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEHAR, LAWRENCE | 5.2 NAME | |
| STREET ADDRESS | 5900 MIAMI LAKES DRIVE | 5.3 STREET ADDRESS | 13955 NW 60 Ave |
| CITY-ST-ZIP | MIAMI LAKES FL | 5.4 CITY-ST-ZIP | MIAMI LAKES FL 33014 |
| 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.

SIGNATURE:  TUDOR ZURZ 7/28/97

CR2E034 (4/97)