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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 25 AM 8:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000001662 (3)**

1. Corporation Name

MIC APPAREL CORPORATION

Principal Place of Business	Mailing Address
12123 SW 131ST AVE. MIAMI FL 33186	12123 SW 131ST AVE. MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1993
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0478236 ☐ 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

9. Name and Address of Current Registered Agent

LARDIZABAL, MARIA A
12421 SW 97TH ST.
MIAMI FL

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ (Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13.		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	LARDIZABAL, GERARDO A	12 NAME		
STREET ADDRESS	12421 SW 97TH ST.	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33186	14 CITY ST ZIP		
TITLE	DS	21 TITLE		☐ Change ☐ Addition
NAME	LARDIZABAL, ALFREDO A	22 NAME		
STREET ADDRESS	12421 SW 97TH ST.	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33186	24 CITY ST ZIP		
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	LARDIZABAL, JUAN C	32 NAME		
STREET ADDRESS	12421 SW 97TH ST.	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33186	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	LARDIZABAL, ISABEL C	42 NAME		
STREET ADDRESS	12421 SW 97TH ST.	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33186	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	LARDIZABAL, MARIA A	52 NAME		
STREET ADDRESS	12421 SW 97TH ST.	53 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33186	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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: _____ GERARDO A. LARDIZABAL 7/20/95 (305)2545498
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR) (Date) (Daytime Phone #)

0005961 CP