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May 06 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 # **P94000023792 (2)**

1. Corporation Name
~~ACE DISTRIBUTORS, INC.~~
APPAREL INSPECTION & CORRECTION, INC.

Principal Place of Business
~~% ILOVITCH MANELLA & KLAPHOLZ P.A.~~
~~2200 HOLLYWOOD BLVD.~~
~~HOLLYWOOD FL 33020~~

Mailing Address
~~% ILOVITCH MANELLA & KLAPHOLZ P.A.~~
~~2200 HOLLYWOOD BLVD.~~
~~HOLLYWOOD FL 33020-6702~~

2. Principal Place of Business
21 2500 Hollywood Blvd.
Suite, Apt. #, etc.
22 Suite 212
City & State
23 Hollywood, Fl.
Zip 24 33020 Country 25 Broward

2a. Mailing Address
26 2500 Hollywood Blvd.
Suite, Apt. #, etc.
27 Suite 212
City & State
28 Hollywood, Fl.
Zip 29 33020 Country 30 Broward

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0491745 (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
~~MANELLA, ROSS~~
~~2200 HOLLYWOOD BLVD.~~
~~HOLLYWOOD FL 33020~~

10. Name and Address of New Registered Agent
81 Name: ROSS H. MANELLA ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 2500 Hollywood Blvd.
83 Suite 212
84 City: Hollywood, FL 85 Zip Code: 33020

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 _____ ROSS H. MANELLA 4/21/1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: For registered Agent's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>SMILEY, NORMAN<br>2673 SO. PARK LANE<br>PEMBROKE PARK FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | 2601 S. Park Rd.<br>Pembroke Park Fl. 33009 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPV<br>RAZ, ETAN<br>2673 SO. PARK LANE<br>PEMBROKE PARK FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | 2601 S. Park Rd.<br>Pembroke Park, Fl. 33009 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (9/96)

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 _____ Norman Smiley, vice president 4/21/1997