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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90099 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000023792

1. Corporation Name
APPAREL INSPECTION & CORRECTION, INC.



Principal Place of Business
2500 HOLLYWOOD BLVD
STE #212
HOLLYWOOD FL 33020
US

Mailing Address
2500 HOLLYWOOD BLVD
STE #212
HOLLYWOOD FL 33020
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2673 So. Park lane Suite, Apt. #, etc. 22	2a. Mailing Address 26 2673 So. Park lane Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 03/28/1994	4. FEI Number 65-0491745 Applied For Not Applicable
City & State 23 Pembroke Park FL Zip Country 24 33009 25 US	City & State 28 Pembroke Park, FL Zip Country 29 33009 30 US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent MANELLA ESQ, ROSS H 2500 HOLLYWOOD BLVD STE #212 HOLLYWOOD FL 33020		10. Name and Address of New Registered Agent 81 Name Etan Raz 82 Street Address (P.O. Box Number Not Acceptable) 2673 So. Park lane 83 84 City Pembroke Park FL 85 Zip Code 33009	

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: * Etan Raz, President 4/23/99
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 DST NAME SMILEY, NORMAN STREET ADDRESS 2601 S PARK ROAD CITY-ST-ZIP PEMBROKE PINES FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DST 1.2 NAME Raz, Etan 1.3 STREET ADDRESS 2673 So. Park lane 1.4 CITY-ST-ZIP Pembroke Park, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DPV NAME RAZ, ETAN STREET ADDRESS 2601 S PARK ROAD CITY-ST-ZIP PEMBROKE PINES FL	<input type="checkbox"/> DELETE	2.1 TITLE DIPV 2.2 NAME Raz, Etan 2.3 STREET ADDRESS 2673 So. Park lane 2.4 CITY-ST-ZIP Pembroke Park, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Etan Raz, Pres. 4/23/99 (954) 964-3064

CR2E034 (11/98)