

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 MAY -10 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037631

1. Corporation Name

EXCALIBUR APPAREL, INC.

Principal Place of Business

Mailing Address

9104 N.W. 105th WAY SUITE 125  
MEDLEY, FLORIDA 33178

3. Date Incorporated or Qualified  
5-18-1994

3a. Date of Last Report  
8-1-1995

2. Principal Place of Business

2a. Mailing Address

21 11800 N.W. 102 ROAD

4. FEI Number

65-0522177

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 #4  
28 MEDLEY, FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 Zip

Country

24 Zip

Country

25 33178

30 DADE

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMEZ, JOE  
1500 SAN REMO AVE. SUITE 125  
CORAL GABLES, FLORIDA 33146

81 Name  
GOMEZ, JOE

82 Street Address (P.O. Box Number is Not Acceptable)  
11800 N.W. 102 ROAD

83 #4

84 City MEDLEY, FL 85 Zip Code 33178

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

Signature of person named as registered agent and who is applying

(NAME) of person named as registered agent and who is applying

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR ☒ DELETE  
NAME FOX, SPENCER  
STREET ADDRESS 1500 SAN REMO AVE. SUITE 125  
CITY, ST, ZIP CORAL GABLES, FLORIDA 33146

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

TITLE PRESIDENT ☐ DELETE  
NAME GOMEZ, JOE  
STREET ADDRESS 6129 TERRA ROSA CIRCLE  
CITY, ST, ZIP BOYNTON BEACH, FLORIDA

21 TITLE ☒ Change ☐ Addition  
22 NAME P/S/D  
23 STREET ADDRESS GOMEZ, JOE  
24 CITY, ST, ZIP 11800 N.W. 102 ROAD #4  
MEDLEY, FLORIDA 33178

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/96

(305) 887-9772

CR2E034 (12/95)