

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
Mar 26, 1996 08:00 AM
Secretary of State

DOCUMENT # **P94000040307 (8)**

1. Corporation Name

FIVE Y CLOTHING, INC.

Principal Place of Business

**711 WEST 16TH STREET
HIALEAH FL 33010**

Mailing Address

**711 WEST 16TH STREET
HIALEAH FL 33010**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/25/1994

3a. Date of Last Report

01/31/1995

4. FEI Number

65-0502298

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

10. Name and Address of New Registered Agent

**SILVER, SCOTT A ESQ
SILVER & GARVETT PA
3350 SW 27TH AVE ONE GROVE VILLA
COCONUT GROVE FL 33133**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

DP

NAME

IZHAK, YORAM

STREET ADDRESS

**% 3350 SW 27TH AVE ONE GROVE VILLA
COCONUT GROVE FL 33133**

CITY- ST- ZIP

TITLE

DVP

NAME

TAKO, MORDEHAY

STREET ADDRESS

**711 WEST 16TH STREET
HIALEAH FL 33010**

CITY- ST- ZIP

TITLE

DST

NAME

ELIMELECH, RONEI

STREET ADDRESS

**711 WEST 16TH STREET
HIALEAH FL 33010**

CITY- ST- ZIP

TITLE

DVP

NAME

TAKO, REUVEN

STREET ADDRESS

**711 WEST 16TH STREET
HIALEAH FL 33010**

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

D.P.S.T.

IZHAK, YORAM

**711 WEST 16TH STREET
HIALEAH, FL 33010**

V.P.

TAKO, MORDEHAY

**711 WEST 16TH STREET
HIALEAH, FL 33010**

V.P.

TAKO, REUVEN

**711 WEST 16TH STREET
HIALEAH, FL 33010**

ASST. S.

ARNIE KRAUSE

**711 WEST 16TH STREET
HIALEAH, FL 33010**

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

President

3/20/96

305-887-1936

Date

Daytime Phone #

CR2E034 (12/95)