

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 9:22

DOCUMENT # P94000069708 (3)

1. Corporation Name

R.J. GARMENTS, INC.

Principal Place of Business

11075 NW 39TH ST.
SUNRISE FL 33319

Mailing Address

11075 NW 39TH ST.
SUNRISE FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

2. Principal Place of Business

21 530 NW 26 ST

2a. Mailing Address

26 530 NW 26 ST

4. FEI Number

65-0523965

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. 193.032,
Florida Statutes ☒ Yes ☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI, FLORIDA

28 City & State

MIAMI, FLORIDA

24 33 Country

25 DADE

29 Zip

30 DADE

9. Name and Address of Current Registered Agent

LEAVY, EDWARD T JR
11075 NW 39TH ST.
SUNRISE FL 33319

10. Name and Address of New Registered Agent

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 required for printed name of registered agent and fee if applicable)

(If the Registered Agent's signature is required when filing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEAVY, EDWARD T JR
STREET ADDRESS	11075 NW 39TH ST.
CITY, ST, ZIP	SUNRISE FL 33319
TITLE	D
NAME	BIRA, NEAL
STREET ADDRESS	12004 SW 10TH ST.
CITY, ST, ZIP	ORLANDO FL 32817
TITLE	Jorge Camaraza
NAME	1901 Brickell Ave # B814
STREET ADDRESS	Miami, FL 33129
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	☐ Change ☒ Addition
1. NAME	Jorge Camaraza	
1.3 STREET ADDRESS	1901 BRICKELL AVE # B814	
1.4 CITY, ST, ZIP	MIAMI, FL 33129	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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(2)(b), 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 its 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 in an addendum with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

6/20/95

(Typed Name)