FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:19

DOCUMENT # **P94000081462 (1)**

1. Corporation Name
SOUTH BAY APPAREL INC.

Principal Place of Business	Mailing Address
% HICKORY HILS INDUSTRIES INC., 1700 NORTHWEST 64TH STREET FT. LAUDERDALE FL 33309	% HICKORY HILS INDUSTRIES INC., 1700 NORTHWEST 64TH STREET FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report:
4. FEI Number: 65-0548055 ☒ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HICKORY HILLS INDUSTRIES INC.
1700 NORTHWEST 64TH STREET
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WOLDNBERG, WILLIAM J	12 NAME	
STREET ADDRESS	7915 WEST NCNAB ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	ZUCKERBERG, SANDY	22 NAME	RESIGNED 1/1/95
STREET ADDRESS	7915 WEST NCNAB ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KASTEN, BERNARD	32 NAME	
STREET ADDRESS	7915 WEST NCNAB ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	ROSENFIELD, BENJAMEN	42 NAME	RESIGNED 1/1/95
STREET ADDRESS	7915 WEST NCNAB ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☑ Addition
NAME		52 NAME	D LAWRENCE FLAX
STREET ADDRESS		53 STREET ADDRESS	1700 N.W. 64 ST
CITY-ST-ZIP		54 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: BERNARD KASTEN Bernard Kasten Pres 6-22-95 305 458-8058
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #

0216037 CP