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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT 1996		Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name	P94000082	2713 (6)	
UNITED APPAREL, I	NC.		
Principal Place of Business	Mailin	g Address	
8705 NW 100TH ST MIAMI FL 33178		5 NW 100TH ST MI FL 33178	
2. Principal Place of Business	2a. Ma	ailing Address	

1 1 1 8 11 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DUBUL DANG DENKA	1811 83 8 3 8 8	

3a. Date of Last Report

05/01/1995

3. Date Incorporated or Qualified

11/10/1994

		. ,			11/10/1004	1 00/01/19	700	
· · · · · ·	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26	· · · · · · · · · · · · · · · · · · ·		65-0535822		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	5 Additional Required	
City & State City & State 23 28			6. Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees		
Ζ ₁ ρ	Country Zip Coi			/	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ✓ Yes ☐ No No			
	9. Name and Address of Currer		1991		10. Name and Address of New f			
			81	Name				
PORTN	OY JOSE			Chant Add	one (B.O. Boy Number is Not Apported	nla)		
PORTNOY, JOSE 8705 NW 100TH ST			62	82 Street Address (P.O. Blox Number is Not Acceptable)				
	L 33178		83					
WILL WITH 1	2 33110		_					
			84	City		FL 85 Z	ip Code	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above-	named corpor	ation submits this statement for the pu	roose of changing its	registered office	
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	ta. Such change was authori	ized by the corp	oration's boar	d of directors. I hereby accept the app	ointment as régistered	d agent. I am	
SIGNATURE		107 TOWNS, 7 TORIGIC STATUTE						
	Signature, typed or printed name of registered agent	and tide if applicable. (N	VO1£: Registered Age	nt signature required	d when reinstating)	DATE		
12.	OFFICERS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 12	
TITLE	PVSD	☐ DELETE	1. 1 TITLE			☐ Change	☐ Addition	
NAME	PORTNOY, JOSE		1.2 NAME					
STREET ADDRESS	10179 SW 127TH ST		1.3 STREET	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY - !	ST-ZIP				
TITLE	ro	DELETE	2. 1 TITLE			Change	Addition	
NAME	ALVARADO, MIGDALIA		2.2 NAME					
STREET ADDRESS	18552 NW 19TH ST		2.3 STREE	ADDRESS				
CITY - ST - ZIP	PEMBROKE PINES FL		2 4 CITY-5	31-ZIP				
TITLE		☐ DEFÉLE	3. 1 TITLE			☐ Change	☐ Addition	
NAME			3 2 NAME					
STREET ADDRESS			33 STREE	T ADDRESS				
CITY-ST-ZIP			3.4 CHIY-5	ST-ZIP				
TITLE		☐ DELETE	4 1 TITLE			☐ Change	☐ Addition	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CiTY - S	ST - ZIP				
TITLE		☐ DELETE	5. 1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME	1				
STREET ADDRESS			5 3 STREET	ADDRESS				
CITY - ST - ZIP			5.4 CITY - S	ST- Z IP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-5	ST - ZIP				
	y carrify that the information symplice	r with this filing is voluntariju fur			or the exemption stated in Section 119	07/3VN Florida Statu	too I further	

certify that the information indicated on this africal 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 en powered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 x changed, or on an attachment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSE PORTNOY

04/22/96 (305)885-0887

Dele

Daytme Phone #