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

APPROVED AND FILED

95 MAR 15 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086343 (8)

1. Corporation Name

APPAREL FIXABLES, INC.

Principal Place of Business	Mailing Address
2655 LEJEUNE ROAD, SUITE 541 CORAL GABLES FL 33134	2655 LEJEUNE ROAD, SUITE 541 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/28/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 318 NW 25 ST STREET	26 318 NW 25 ST STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MIAMI FL	28 MIAMI FL
24 Zip 33127 / 25 Country DADE	29 Zip 33127 / 30 Country DADE

4. FEI Number: ☑ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FELDMAN, BENNETT G 2655 LEJEUNE ROAD, SUITE 541 CORAL GABLES FL 33134	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 _____ 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 P	1.1 TITLE	☒ Change ☐ Addition
NAME	CHESTNUT, LARRY	1.2 NAME	
STREET ADDRESS	8100 CLEARY BLVD.	1.3 STREET ADDRESS	8140 CLEARY BLVD #1401
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	D S	2.1 TITLE	☐ Change ☐ Addition
NAME	ARMESTO-GARCIA, ELADIO	2.2 NAME	
STREET ADDRESS	1335 N.W. 23RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	2.4 CITY-ST-ZIP	
TITLE	D.V.P.	3.1 TITLE	D.V.P ☐ Change ☒ Addition
NAME	MARVIN GALACT	3.2 NAME	MARVIN GALACT
STREET ADDRESS		3.3 STREET ADDRESS	8100 CLEARY BLVD # 1001
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE		4.1 TITLE	D.T ☐ Change ☒ Addition
NAME		4.2 NAME	JEFFREY R YUNIS
STREET ADDRESS		4.3 STREET ADDRESS	3945 HARDEE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(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: _____ 3/8/95 305-422-6411
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

LARRY CHESTNUT

0141430 CP