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

PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT #
1. Corporation Name

1996

P94000092176 (4)

INTERAMERICAS APPAREL, INC.

Original Dise			**************************************		
Principal Place of Business Mailing Address					Water adere 18112 siene tiffit toble 2111 (801
6561 N.W. 82ND AVENUE Miami Fl 33166		6561 N.W. 82ND AVENUE MIAMI FL 33166			
				 Date incorporated or Qualified 12/21/1994 	3a. Date of Last Report 02/13/1995
_ 2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0543599	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		S. Floring Committee Standard	Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability fer in	
24	25	29	30	Florida Statutes Yes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Ro	gistered Agent
			81 Name	YOMAS J. SKOLA	
GABRER	A, RAUL D		82 Street Add	ress (P.O. Box Number is Not Acceptabl	9)
	V. 117H STREE T		MA	TERFORD CENTER	PARK
MIAMI F	L- 33134		83 <2	DI BLUE LAGOON	DR. SUITE 100
			84 City	1 Bross House	85 Zip Code
11 Purcupat to	the produing of Pasties, 207.056	30 and 607 + 600. Flored - 600.		IAM!	FIL
OF THIS INTE	O agent, or oom, in the State of Fig	noa, such change was author	17ed by the comoration's boa	ration submits this statement for the purp ird of directors. I hereby accept the appo	ose of changing its registered office introductions.
lamilar with	n, and accept the obligations of, Se	ction 607.0505, Florida Statute	es.	•	- 0
SIGNATURE _	Signature, typod or printed hains of rug stered age	ent and title it a micable (f	NOTE: Registered Agent signature require	of when rejectation	DATH
12.		ND DIRECTORS	13 .	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME .	AEDO, MARIO A		1.2 NAME		
STREET ADDRESS	6561 N.W. 82ND AVE.		1.3 STREET ADDRESS		
CITY - S1 - ZIP	MIAMI FL 33166		1.4 CFTY - ST - ZIP		
TITLE	D	☐ DELETE	2. 1 TITLE		Change Addition
NAME	GRIFFIS, DENNIS A		2.2 NAME		
STREET ADDRESS	6561 N.W. 82ND AVE.		2.3 STREET ADDRESS		
CITY-S1-ZIP	MIAMI FL 33166	F1 prietr	2.4 C(1) Y - S(1 - Z(P		
TITLE NAME		☐ DELETE	3. 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE	THE PERSON OF TH	() DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		_	4.2 NAME		C) change C) Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CiTY-ST-ZIP	coath, that the information	1	64 CITY-ST-ZIP		
certify that oath; that I appears in	return that the information supplied the information indicated on this are am an officer or director of the corp Block 12 or Block 13 if changed, or	i with this liting is voluntarily full flual report or supplemental an poration or the repover or trust on an attachment with a sub-	rnished and does not qualify find the and accurate on powered to execute this does.	or the exemption stated in Section 119.0 Ite and that my signature shall have the s is report as required by Chapter 607, Flo	7(3)(k), Florida Statutes. I further ame legal effect as if made under rida Statutes; and that my name

DATE OF DIRECTOR 1. 1600 11-29-96 305-589-8572 SIGNATURE:

A PROBLEM AND HOLD BEING BEING NORTH BOTH BOTH CONTROL CLASS CLASS CONTRACTOR