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

1996

DOCUMENT #

P95000017083 (3)

TINA'S SPORTSWEAR, INC.

Principal Place of Business Mailing Address 140 CYPRESS CLUB DRIVE STE. 404 140 CYPRESS CLUB DRIVE STE 404



POMPANO BEACH FL 33060		POMPANO BEACH FL 33060			
O Dinaire	N. A.D.			3. Date Incorporated or Qualified 03/01/1995	3a. Date of Last Report
	Place of Business	2a. Malling Address	P3	4. FEI Number	Applied For
21 /650 Sillo An	W ONTRAND PR BLUD	26 2001 NE	30TH ST	65-0569527	Not Applicable
Suite, Apt. #, etc. 22 # () City & State		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 FT .	LAUDERDALE FL	City & State 28 AGHT House		Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Zip} 33	211 25 3 05A	Zip 29 33064	Country 30	8. This corporation has liability for in Florida Statutes Y Yes	ntangible tax under s 199.032.
	g, Name and Address of Current I	Registered Agent		10. Name and Address of New R	egistered Agent
81 Name					
BACHAALANI, ELIE 140 CYPRESS CLUB DRIVE STE. 404 POMPANO BEACH FL 33060 82 Street Address (P.O. Box Number is Not Acceptable) 83 DOI NE BOTA ST					
4			84 City	SHTHOUSE POINT orporation submits this statement for the pure	85 Zip Code
11. Pursuant or registe	to the provisions of Sections 607.0502 are	nd 607.1508, Florida Statutes,	the above-named o	orporation submits this statement for the purple or the purple of directors.	PL 3306 y
familiar v SIGNATURE	vith, and accept the obligations of Section	607.0505, Florida Statutes.	by the corporation's	orporation submits this statement for the purp board of directors. I hereby accept the appo	intment as registered agent. I am
	Signature, typod or printed rame of registered agent and		Rugistered Agent signature	equired when reinstalism	DATE
12.	OFFICERS AND D	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1. 1 TITLE		Change Addition
NAME	BACHAALANI, ELIE		1.2 NAME		El olargo El Roditori
STREET ADDRESS	140 OT TIEGO DEOD DITTE GIE, 404		1.3 STREET ADDRESS	2001 NE BOTH ST	;
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CITY-S1-7IP	MONTHOUSE POINT,	E 33064
TITLE	D	☐ DELETE	2. 1 1/TLE	<u> </u>	Change C Addition
NAME	BACHAALANI, ELAINE EL	IANE	2.2 NAME		C
STREET AUDRESS	140 CYPRESS CLUB DRIVE S	TE: 40 4	23 STREET ADDRESS	2001 NE BOTH ST	
CITY-S1-ZiP	POMPANO BEACH FL 33060		24 CITY-ST-ZIP	HEATHOUSE POINT	F1. 33064
TITLE		DELETE	3 1 TITLE	MENTHOUSE POINT,	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		•.
CITY - ST - ZIP			3.4 CITY-S1-ZIP		
TITLE	1	☐ DELETE	4. 1 117LE	والمرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع	Change
NAME			4.2 NAME	40000180 -05/02/960100	9984
STREET ADDRESS	1		4.3 STREET ADDRESS	***200,00	JZ=-013
City-S1-7iP			4.4 CITY - ST - ZIP	*** <u>*</u> ረሀሀ, ሀሀ	
THLE		☐ DELETE	5 1 THILE		Change Addition
NAME			5.2 NAME		5-
STREET ADORESS			5.3 STREET ADDRESS		ĺ
CHTY-ST-ZIP			5.4 CITY-\$1-ZIP		
TITLE		☐ DELETE	6. 1 THE		Change Addition
NAME	•		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		6-1-96
CHTY-ST-7/P	V certify that the information surplied with		64 CITY-ST-ZIP		012
THE LUCY HEALT	v castuv med med morrosmon eurodical with	then tiling in real and all of the			• 1

I concernity that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

BACHALANI CERON DIRECTOR

0H/19/96 (9SM) 739-8200