Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90146 005 ***158.75

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # DOSOCOO27065

 Corporation 	G & TALL MEN SHOP, INC					
Principal Place of Business		Mailing Address		i ibalităăi esa inter niile nuici nașie deies n	Bith lift iffer i fill fine sier	11001
. 11760 N. KENDALL DR MIAMI FL 33186		11760 N. KENDALL DR MIAMI FL 33186		DO NOT WRITE IN T	LIIC CDACE ·	
				DO NOT WRITE IN T 3. Date Incorporated or Qualifed	HIS SPACE	
				04/05/1995		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	
21		26		65-0572086	Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	
22		27			Fee Required	
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	Country	Trust Fund Contribution	Added to Fees	
Zìp	Country	Zip	Country	 This corporation owes the current year Personal Property Tax. 	r Intangible ✓ Yes □ No	
24	25	29 3	<u> </u>	10. Name and Address of New Registe		-
	9. Name and Address of Curre	nt registeren Agent	81 Name	IV. Hanne and redices of them registe		
GON	IZALEZ, EDUARDO F					
2110 SW 139TH COURT			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33175			83			

		_	84 City		85 Zip Code	
SIGNATURE	Signature, lypes or protein name of registered ag	V-SX	horized by the corporation of th	coration submits this statement for the purposion's board of directors. I hereby accept the accept	/ 4 /	_
TITLE	P	DELETE	1.1 TITLE	ADDITIONS OF PARTICION TO BE THE PER	Change A	Addition
NAME	SEIGEL, EDWIN S		1.2 NAME		•	
STREET ADDRESS	13700 SW 62 STREET #247		1.3 STREET ADDRESS			
	MIAMI FL 33183		1.4 CITY-ST-ZIP		<u></u>	
CITY-ST-ZIP TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ A	Addition
NAME	GONZALEZ, EDUARDO F	<u> </u>	2.2 NAME			
STREET ADDRESS	AAAA OM AAATH OOLIDT		2.3 STREET ADDRESS			
	MIAMI FL 33175		2.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	MINIMI L GG17G	☐ DELETE	3.1 TITLE		☐ Change ☐ A	Addition
NAME		_	3.2 NAME	سه يها		~
			3.3 STREET ADDRESS			Į.
STREET ADDRESS			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ A	Addition
NAME		<u> </u>	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ A	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 ☐ A	Addition

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 rectiver 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS