

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

97 JAN -6 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039012 (6)

1. Corporation Name

\$ 9.95 UNIFORM STORE, INC.



REINSTATEMENT

Principal Place of Business: 999 NE 167 ST APT 211 N MIAMI BEACH FL 33162
Mailing Address: 999 NE 167 ST APT 211 N MIAMI BEACH FL 33162

3. Date incorporated or Qualified: 05/15/1995
3a. Date of Last Report: [Blank]
4. FBI Number: 65-0581361
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

2. Principal Place of Business
21 7900 N.W 27th Ave
22 Suite, Apt. #, etc. #169
23 City & State Miami, FL
24 Zip 33147 25 Country U.S.A
26 7900 N.W 27th Ave
27 Suite, Apt. #, etc. #169
28 City & State Miami, FL
29 Zip 33147 30 Country U.S.A

9. Name and Address of Current Registered Agent
MOHAMMAD, RAMZAN
999 NE 167 ST
APT 211 302
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81 Name: Same
82 Street Address: 999 NE 167 ST
83 Apt # 302
84 City: N. Miami Beach FL 85 Zip Code: 33162

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 607.0805, Florida Statutes.

SIGNATURE: [Signature] RAMZANALI MOHAMMAD DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOHAMMAD, RAMZAN	
STREET ADDRESS	999 NE 167 ST APT 211 302	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	999 NE 167 ST. Apt #302	
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARGIS R. SHAMSUDDIN	
2.3 STREET ADDRESS	999 N.E. 167 ST. Apt #302	
2.4 CITY-ST-ZIP	N. Miami Beach FL 33162.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	000002050090--6	
4.4 CITY-ST-ZIP	-01/08/97--01032--025	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	***225.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002050090--6	
6.3 STREET ADDRESS	-01/08/97--01032--025	
6.4 CITY-ST-ZIP	***150.00 ***150.00	

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 19.07(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 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: MARGIS R. SHAMSUDDIN NARCIS 10/29/96 (305) 835-7620

CR2E034 (12/95)