

1950006783

8/9/95

Charter Number

Requestor's Name  
LAZARUS Rothstein  
Address  
11077 Biscayne Blvd. PH  
North Miami Beach FL 33165  
City State ZIP Phone  
899-2020 B

REGISTRATION ONLY

500001557345  
-08/10/95--01014--007  
\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION(S) NAME

FOUR SEASON clothing, INC.

EMPIRE Toll Free: 1-800-432-3028

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out
- Pick Up

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

Signature

LAW OFFICES  
LAZARUS ROTHSTEIN, P.A.  
11077 DECATUR BOULEVARD, PENTHOUSE  
MIAMI, FLORIDA 33101

LAZARUS ROTHSTEIN  
JOEL M. ADENSOY  
OF COUNSEL

TELEPHONE : (305) 609-2000  
FACSIMILE : (305) 609-9000

August 8, 1995

Secretary of State  
Bureau of Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: FOUR SEASONS CLOTHING, INC.

Dear Sir:

We enclose herewith the original and two copies of the proposed Articles of Incorporation of the captioned corporation.

Please file the original and return a certified copy to this office.

We enclose a check in the sum of \$122.50 for the following:

Filing Fee	\$ 35.00
Certified Copy	52.50
Registered Agent Fee	<u>35.00</u>
TOTAL:	<u>\$122.50</u>

Thank you for your cooperation.

Very truly yours,

  
Lazarus Rothstein

LR:cg  
Enclosures

**ARTICLES OF INCORPORATION  
OF  
FOUR SEASONS CLOTHING, INC.**

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation:

**ARTICLE I  
NAME AND PRINCIPLE OFFICE**

The name of the Corporation is FOUR SEASONS CLOTHING, INC. The initial principal office is 1836 N.W. 20th Street, Miami, Florida.

**ARTICLE II  
DURATION**

The duration of the Corporation is perpetual.

**ARTICLE III  
PURPOSE**

The Corporation is organized for the purpose of transacting any or all lawful business permitted under the laws of the State of Florida.

**ARTICLE IV  
AUTHORIZED SHARES**

The aggregate number of shares which the Corporation is authorized to issue is 1,000. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

**ARTICLE V  
REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Corporation and the name of the initial registered agent is:

Lazarus Rothstein, Esq.  
11077 Biscayne Blvd, PH  
Miami, Florida 33161

ARTICLE VI  
DIREC

The number of directors constituting the board of directors of the Corporation shall be determined in accordance with the by-laws, but shall not be less than one (1). The number of directors constituting the initial board of director(s) to serve as member(s) of the initial board of director(s) (is/are):

Alon S. Batzri

ARTICLE VII  
INCORPORATOR

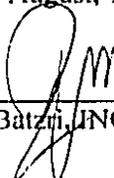
The name(s) and address(es) of the incorporator(s) (is/are):

Alon S. Batzri  
1836 N.W. 20th Street  
Miami, Florida

ARTICLE VIII  
INDEMNIFICATION

The Corporation shall indemnify each director, officer and shareholder of the Corporation against any and all liability and expense incurred by him in connection with or arising out of any action, suit or proceeding in which he may be involved, by reason of his being or having been an officer, director or shareholder of the Corporation to the full extent permitted by the laws of the State of Florida.

Executed by the undersigned on the 8 day of August, 1995.

  
\_\_\_\_\_  
Alon S. Batzri, INCORPORATOR

STATE OF FLORIDA

COUNTY OF DADE

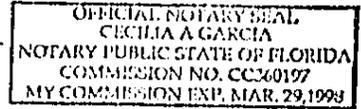
THE FOREGOING INSTRUMENT was acknowledged before me this 8 day of August, 1995, by Alon S. Batzri who is personally known to me OR who produced Drivers License as identification and who did (did not) take an oath.

Sign Cecilia Garcia  
NOTARY PUBLIC

Print CECILIA GARCIA

My Commission expire:

Commission No. \_\_\_\_\_



ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT

Having been named the registered agent for the above Corporation at the place designated in the foregoing Articles of Incorporation, I hereby accept the same and agree to act in this capacity, and agree to comply with the provisions of Florida law relative to keeping the registered office open.

Lazarus Rothstein

Lazarus Rothstein,  
REGISTERED AGENT

SECURE NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$226.00 (DISSOLVED); MINIMUM AMOUNT DUE TO (IF APPLICABLE): \$176.00

PERIOD  
 CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 1000 BANKERS BUILDING  
 TALLAHASSEE, FLORIDA 32399-0001  
 DIVISION OF CORPORATIONS

FILED

96 OCT 25 AM 10:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000061783 (3)

FOUR SEASONS CLOTHING, INC.



REINSTATEMENT *96*

Principal Place of Business

1836 NW 20TH STREET  
 MIAMI FL

Mailing Address

1836 NW 20TH STREET  
 MIAMI FL

2. Principal Place of Business

21. State

22. City

23. Zip

24. Country

26. Mailing Address

26. 210 University Dr.

27. State

27. 502

28. City

28. Coral Springs FL

29. Zip

29. 33071

30. County

30. Broward

9. Name and Address of Current Registered Agent

ROTHSTEIN, LAZARUS ESQ.  
 11077 BISCAYNE BLVD. PH  
 MIAMI FL 33181

01. Name

02. Street Address (P.O. Box Number is Not Applicable)

03.

04. City

FL

05.

Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.1408, 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. Thereby accepted for appointment as registered agent, Lazarus Esq. Rothstein, and accepted for removal of Section 607.002, Florida Statutes.

SIGNATURE

*Lazarus Rothstein*

OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (01-12)

12. NAME	DELETE
D BATZRI, ALON S C/O 1836 NW 20TH STREET MIAMI FL	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY, ST, ZIP	<input type="checkbox"/>
DATE	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY, ST, ZIP	<input type="checkbox"/>
DATE	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY, ST, ZIP	<input type="checkbox"/>
DATE	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY, ST, ZIP	<input type="checkbox"/>
DATE	<input type="checkbox"/>

13. TITLE	CHANGE	ADDITION
11. NAME	<input type="checkbox"/>	<input type="checkbox"/>
11. STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
11. CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
21. DATE	<input type="checkbox"/>	<input type="checkbox"/>
22. NAME	<input type="checkbox"/>	<input type="checkbox"/>
23. STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
24. CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31. NAME	<input type="checkbox"/>	<input type="checkbox"/>
32. NAME	<input type="checkbox"/>	<input type="checkbox"/>
33. STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
34. CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41. NAME	<input type="checkbox"/>	<input type="checkbox"/>
42. NAME	<input type="checkbox"/>	<input type="checkbox"/>
43. STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
44. CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51. NAME	<input type="checkbox"/>	<input type="checkbox"/>
52. NAME	<input type="checkbox"/>	<input type="checkbox"/>
53. STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
54. CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61. NAME	<input type="checkbox"/>	<input type="checkbox"/>
62. NAME	<input type="checkbox"/>	<input type="checkbox"/>
63. STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
64. CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>

200001992968  
 -10/31/96--01105--006  
 \*\*\*\*375.00 \*\*\*\*375.00

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears on Block 13 of this filing, or on an attachment with an address.

SIGNATURE: X  
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 ALON S. BATZRI, PRESIDENT

10/1/96

CR2E034 (3/96)