

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. _____

OFFICIAL NOTARY SEAL
CECILIA A GARCIA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC360197
MY COMMISSION EXP. MAR. 29, 1998

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 Office Address: 1836 NW 20TH STREET MIAMI FL
 Mailing Address: 1836 NW 20TH STREET MIAMI FL

1. Date Incorporated or Qualified: 08/10/1995
 2a. Date of Last Report: [Blank]
 4. FIC Number: 65-0696467
 Applied For (Not Applicable): \$8.75 Additional Fee Required
 5. Certificate of Status Desired: [Blank]
 6. Director Campaign Financing and Bond Fund Contribution: [Blank] \$5.00 May be Added to Fees
 7. This corporation has liability for unreported under s. 199.031, Florida Statutes: [Blank] Yes [X] No
 10. Name and Address of New Registered Agent

2. Principal Office of Business:
 21. State: FL
 22. City: Miami
 23. Zip: 33114
 24. Country: [Blank]
 25. Name and Address of Current Registered Agent:
 ROTHSTEIN, LAZARUS ESQ.
 11077 BISCAYNE BLVD. PH
 MIAMI FL 33181
 26. Mailing Address:
 26a. 210 University Dr.
 26b. 502
 27. City & State:
 28. Coral Springs FL
 29. 33071
 30. Broward

01. Name:
 02. Street Address (P.O. Box Number is Not Applicable):
 03.
 04. City: FL 05. Zip Code:

I, the undersigned, being duly sworn, depose and say that 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 payment as registered agent, from Section 607 and accepted from Section 607, Florida Statutes.

SIGNATURE: *Lazarus Rothstein*

12. OFFICERS AND DIRECTORS

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

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (01-12)

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

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

14. I, the undersigned, being duly sworn, depose and say 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 Form 13 if changed, or on an attachment with an address.

SIGNATURE: X *Alon S. Batzri*
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ALON S. BATZRI, PRESIDENT
 10/1/96

CR2E034 (3/96)