FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name KASHEL APPAREL CORPORATION Principal Place of Business 2026 NW 22ND COURT MIAMI FL 33142 MIAMI FL 33142 MIAMI FL 33142						•			
							09/07/1995 08/02/	f Last Report 1996	
2, P 21	, Principal Place of Business			2a. Mailing Address			4. FEI Number 65-0610543	Applied For Not Applicable	
	Suite, Apt. #, etc.			Suite, Apt. #, etc.				8.75 Additional Fee Required	
	City & State			City & State	City & State			\$5.00 May Be	
$\overline{}$	iρ		Country	. 28 Zip	Country	/	Trust Fund Contribution 8. This corporation has liability for intangible tax	Added to Fees under s. 199,032,	
24	25 29 30				30		Florida Statutes 😾 Yes 🗌 N		
9, Name and Address of Current Registered Agent RACTERRECHEA INCE I						T	10. Name and Address of New Registered Age	nt	
	BASTERRECHEA, JOSE L					Name	, i		
7120 SW 144TH COURT MIAMI FL 33183					82	Street	Address (P.O. Box Number is Not Acceptable)		
			•		83				
					84	City	FL ⁸	5 Zip Code	
SIGN	agent. I a NATURE	ım familiar wi	or printed name of registered a	igations of, Section 607.0505, Flor agent and lide (applicable (NOTE	rida Statute:	S.	corporation submits this statement for the purpose of chaporation's board of directors. I hereby accept the appoint required whom revisitaling). DATE		
12.		<u> </u>	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE		D	MEGLICA IGGE I	L_] DELETE	1.1 TITLE		LJ	Change	
NAME			RECHEA, JOSE L 144TH COURT		1.2 NAME				
1	T ADDRESS	MIAMI FL			1.3 STREET				
TITLE	ST-ZIP	D	33103	DELETE	1.4 CITY - S 2.1 TITLE	SI - ZIP		Change Addition	
NAME		•	VICTORIA G	L) better	2.1 TITLE			Change [] Addition	
	T ADDRESS		RIS STREET		2.3 STREET	2249ONA			
1.	ST-ZIP		CITY FL 33026		2.3 STREET		•		
TITLE				DELETE	3.1 TITLE			Change	
NAME	47 - 18 -	Andread Transfer of the Control of t			3.2 NAME				
STREET	T ADDRESS	,			3.3 STREET	ADURESS			
CITY:					3.4. CITY- 5	ST-ZIP			
联				☐ DELETE	4.1 TITLE			Change Addition	
NAME	120				4 2 NAME				
1	TADORESS				4 3 STREET				
CITY-S	ST-ZIP			DELETE	4.4 CITY-S	T - ZiP		Ohana langu	
NAME				←] vereic	5.1 TITLE		LJ	Change	
i					5.2 NAME	IDDOCTOR			
CITY-S	TADDRESS St. 7IP	1 1			5.3 STREET				
TITLE				DELETE	5.4 CHY-S 6.1 TITLE	1 - ZIP		Change	
NAME				the second second	6.2 NAME			coming	
	T ADDRESS				6.3 STREET	ADDRESS			
					I			4	

14. I do hereby certify that the information supplied with information indicated on this annual ropolit cheuppl I am an officer or director of the corporation of thore appears in Block 12 or Block 13 if changed or og a filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the all annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that or trustee empowered to execute this eport as required by Chapte 607, Florida Statutes; and that my name

FILED

Jan 29 1997 8:00am

Secretary of State