

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

CORPORATION ANNUAL REPORT 1995 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000072252			
1. Corporation Name Caribbean Apparel Associates, Inc.			
Principal Place of Business		Mailing Address	
3970 E. 10th Court Hialeah, FL 33013		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 Same		09/18/95	
Suite, Apt. #, etc.		4. FEI Number	
22		65-0609935	
City & State		Applied For	
23		Not Applicable	
Zip		5. Certificate of Status Desired	
24		8.75 Additional Fee Required	
Country		6. Election Campaign Financing	
25		Trust Fund Contribution	
26		5.00 May Be Added to Fees	
27		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
28		X Yes <input type="checkbox"/> No	
29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Zaedy R. Pozo 2655 Lejune Road Penthouse II Coral Gables, FL 33134		81 Name Abraham Burstein	
		82 Street Address (P.O. Box Number is Not Acceptable) 3970 E. 10th Court	
		83	
		84 City Hialeah	
		85 Zip Code FL 33013	
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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE: X A. Burstein		Abraham Burstein	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE 04/26/96	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	
P, T, D Abraham Burstein 3970 E 10 Ct. Hialeah, FL 33013		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	
VP, S, D Mark Burstein 3970 E 10 Ct. Hialeah, FL 33013		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	
		100001846081 -05/31/96--01048--020 ***200.00	
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 119.07(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: X A. Burstein		Abraham Burstein	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04/26/96 Daytime Phone # 305-693-9980	