FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STAT CORPORATION Secretary of State ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS				STATE					
DOCUMENT # P95000072947 (1) 1. Corporation Name ALL KNIT, INC.									
Principal Place of Business Mailing Address SANC 7885 WEST 2ND COURT A33 3NW 51 AM COURT - HALEAH FL 33014 M.O.M.; J. 330141 HIALEAH FL 33014									
						3. Date Incorporated or Qualified 09/19/1995	3a. Date of	newbus.	
2. Principal Place of Business 21/633 3 NWSCH Averal SAme						4. FEI Number 65-0628413	5	Applied For Not Applicable	
Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	D \$	8.75 Additional Fee Required	
City & State 23 Miami, Ol. 28						6. Election Campaign Financing Trust Fund Contribution	D	\$5.00 May Be Added to Fees	
24 233014 25 USA 29 Zip			1	Country 30		8. This corporation has liability for in Florida Statutes	ç	nder s. 199.032,	
· · · · · · · · · · · · · · · · · · ·	9. Name and Ad	dress of Current Reg	Istered Agent		1 Name	10. Name and Address of New Re	egistered Age	ent	
TURNER, TINA M 9485 SUNSET DRIVE SUITE A-230 MIAMI FL 33173					2 Street Addr	et Address (P.O. Box Number is Not Acceptable)			
				84 City			E1 ⁸	35 Zip Code	
familiar wit SIGNATURE	h_{and} accept the of f_{accept}	Sections 607.0502 and 6 the State of Florida. Su bilgations of, Section 60 mane of registered agent and tile OFFICE RS AND DIRF	7.0505, Florida Statutes. Hampicable (NOTE		e-named corpor rporation's boar gent signature required	ation submits this statement for the purp d of directors. I hereby accept the appo d when reinstaing ADDITIONS/CHANGES TO OFFIC	DATE H	6	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Steve Aaronson 16333 NW 344 Ave. Mianu, SI, 33014		C) DELETE	1. 1 THEE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZiP				RECTORS IN 12 Change Addition (1506) Addition Addition (1506) CEO34	
THTLE	Vice Ales Albert So 5100 NW Milani, J	ide at	C] DELETE	2 1 THU 2 2 NAM 2 3 STR	E IE .ET ADDRESS			hange 🔲 Addition 🖁	
TITLE NAME STREET ADDRESS			DELETE	3 1 THU 3 2 NAN 3 3. Str	eet address			Change [] Addition	
CITY-ST-ZIP TITLE NAME STREET ACDRESS			DELETE	3.4 CITY-ST-ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				Change 🔲 Addition	
City-St-Zip Title NAME Street Acdress			DELETE	5. 1 TH 5.2 NAN 5.3 STR	E EE ADDRESS			Change 🗋 Addition	
CITY-ST-ZIP TITLE NAME STREET ACORESS CITY-ST-ZIP			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				Change [] Addition	
certify that oath; that	t the information ind- I am an officer or dir	cated on this annual rep rector of the comparation	is filing is voluntarily furnis fort or supplemental angu- or the receiver or truvies attachment with an indore	al report is empowere	pes not qualify for true and accura d to execute this	or the exemption stated in Section 119.0 Le and that my signature shall have the s report as required by Chapter 607, FIC	07(3)(k), Florida same legal effe rida Statutes;	Statutes. I further oct as if made under and that my name	
SIGNAT			ED NAME OF SIGNING OFFICER	OR DIRECT	R	4/30/92 Date	Davtin	e Phone #	