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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082554 (3)

1. Corporation Name

PARTEX APPAREL MANUFACTURING, INC.



Principal Place of Business

Mailing Address

10125 NW 116TH WAY STE 14
MEDLEY FL 33178

10125 NW 116TH WAY STE 14
MEDLEY FL 33178

3. Date Incorporated or Qualified

3a. Date of Last Report

10/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIGHELBOIM, JUAN C
10125 NW 116TH WAY STE 14
MEDLEY FL 33178

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT / DIRECTOR
JUAN C. ZIGHELBOIM
10125 NW 116TH WAY STE 14
MEDLEY, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. PRES. / DIRECTOR
SAMUEL WAKSMAN
3650 N. 54 AVENUE
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Empty]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Empty]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Empty]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Empty]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT / DIRECTOR
JUAN C. ZIGHELBOIM
167 DOCKSIDE CIRCLE
Ft. LAUDERDALE, FL 33327

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V.P. PRES. / DIRECTOR
SAMUEL WAKSMAN
3650 N. 54 AVENUE
HOLLYWOOD, FL 33021

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[Empty]

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[Empty]

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[Empty]

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[Empty]

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL WAKSMAN, V.P.

DATE

5/14/96

Day/Time Phone #

305-889-0600

CR2E034 (12/95)