

<b>DOCUMENT # P95000082554</b>			
1. Entity Name <b>PARTEX APPAREL MANUFACTURING, INC.</b>			
Principal Place of Business 10050 NW 116 WAY STE 1 MEDLEY FL 33178 US		Mailing Address 10050 NW 116 WAY STE 1 MEDLEY FL 33178-1162 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>ZIGHELBOIM, JUAN C</b> <b>10050 NW 116 WAY</b> <b>1</b> <b>MEDLEY FL 33178</b>			Name
			Street Address (If different from above)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			<b>12.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ZIGHELBOIM, JUAN C. 167 DOCKSIDE CIR. FT. LAUDERDALE FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D WAKSMAN, SAMUEL 3650 N. 54 AVE. HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

SIGNATURE: *Samuel Waksman* 4/21/00 205-889-0600 X  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
SAMUEL WAKSMAN, V/D 13

CR2E034 (9/99)