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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000087378 (2)

1. Corporation Name
GENEVA KNITS, INC.



Principal Place of Business
7488 BONSBERRY COURT
BOCA RATON FL 33434

Mailing Address
7488 BONSBERRY COURT
BOCA RATON FL 33434-3231

3. Date Incorporated or Qualified 11/13/1995
3a. Date of Last Report 07/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number 22-3410346
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FONZI, IRENE
7500 COQUINA DRIVE
NORTH BAY VILLAGE FL 33141

81 Name STUART MARKUS
82 Street Address (P.O. Box Number is Not Acceptable) MARKUS & WINTER P.A.
83 2251 SW 22 STREET
84 City MIAMI FL 85 Zip Code 33145

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

STUART MARKUS

Signature of individual or printed name of registered agent and title 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE P
NAME NEGRIN, RUSSELL
STREET ADDRESS 142 EATONS NECK ROAD
CITY-ST-ZIP EATONS NECK NY

1.1 TITLE P/S
1.2 NAME NEGRIN, RUSSELL
1.3 STREET ADDRESS 142 EATONS NECK ROAD
1.4 CITY-ST-ZIP EATONS NECK, NY

TITLE VP
NAME NEGRIN, JARA
STREET ADDRESS 142 EATONS NECK ROAD
CITY-ST-ZIP EATONS NECK NY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME PERLMUTTER, DAVID
STREET ADDRESS 200 PARK AVENUE
CITY-ST-ZIP NEW YORK NY

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

RUSSELL NEGRIN

2/1/97

Date

561-463-7507

Daytime Phone #

CR2E034 (9/96)