

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON SEPTEMBER 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 19 1997 8:00am
Secretary of State

DOCUMENT # P95000091328 (1)

1. Corporation Name
PRIVATE LABEL APPAREL CORP.



Principal Place of Business

Mailing Address

6767 COLLINS AVENUE STE 1906
MIAMI BEACH FL 33141

6767 COLLINS AVENUE STE 1906
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7855 NW 77th Avenue

2a. Mailing Address

26 7855 NW 77th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

Zip

Country

24 33166

25

USA

Zip

Country

29 33166

30

USA

9. Name and Address of Current Registered Agent

KAPLAN, MITCHELL
6767 COLLINS AVENUE STE 1906
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified

11/30/1995

3a. Date of Last Report

10/16/1996

4. FEI Number

APPLIED FOR 65-0691968

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

MITCHELL KAPLAN

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

7855 NW 77 Avenue

83

84 City

MIAMI

FL

85 Zip Code

33166

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

MITCHELL KAPLAN

MITCHELL KAPLAN

8/18/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D KAPLAN, MITCHELL
STREET ADDRESS 6767 COLLINS AVENUE STE 1906
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ DELETE

NAME D SEEMAN, MARSHAL
STREET ADDRESS 17085 N.W. 48 STREET
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

MITCHELL KAPLAN

8/18/97

305-885-2629

CR2E034 (4/97)