## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000065007 (2)

FARAH, INC.

CITY-ST-ZIP

| (11000)   |   |  |                          |   |   |  |
|---|---|--|--------------------------|---|---|--|
| Principal Place                                       |   | Mailing Address  | iling Address            |   |   | II BUIEN USENI NIIII NOIII NBIII IOBE LODI                             |
| 222 NE 79TH ST 222 NE 79TH ST MIAMI FL 33138 4819     |   |  |                          |   |   |  |
|   |   |  |                          |   | 3. Date Incorporated or Qualified 07/29/1996  | 3a. Date of Last Report  |
| 21  | lace of Business  | 2a. Mailing Address<br>26  |                          |   | 4. FEI Number 650692365   | Applied For Not Applicable   |
|   |   | Suite, Apt. #, etc.  | 27                       |   | 5, Certificate of Status Desired  | S8.75 Additional Fee Regulred  |
| City & State  |   | City & Stato   |                          | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be Added to Fees   |  |
| Zip   | Country   | Zip  | Cou                      | ntry  | 8. This corporation has liability for   |  |
| 24  | 25  | 29   | 30                       |   | _ L   | Yes No   |
|   | g, Name and Address of Curr   | ent Registered Agent   |                          |   | 10. Name and Address of New Re  | gistered Agent   |
| LOV   | YACHEE, ZAMONA K  |  |                          | 81 Name   |   | i  |
| 222 NE 79TH ST  |   |  |                          | 82 Street Add   | ress (P.O. Box Number is Not Acceptate  | ole)   |
| MIA   | MI FL 33138   |  |                          | or or or  | Tools (1.6. Dox 116. Dot 16 16 17. Gooptal  |  |
|   |   |  |                          | 83  |   |  |
|   |   |  |                          | 84 City   |   | 85 Zip Code  |
| . ,   |   |  |                          | ,   |   | FL   |
| 11. Pursuant<br>office or r<br>agent. La<br>SIGNATURE | to the provisions of Sections 607.03 registered agent, or both, in the Statim familiar with, and accept the obtains | le of Florida. Such change was<br>igations of, Section 607.0505, F | authorize<br>lorida Stat | d by the corpore<br>ules.                               | poration submits this statement for the parties to be submits the statement for the parties to be submits and the submits the | ourpose of changing its registered<br>of the appointment as registered |
|   | Bignature, typied or printed name of registered a   |  |                          | d Agont signature requ                                  |   | DATE   |
| 12.   |   | ND DIRECTORS   | 13.                      |   | ADDITIONS/CHANGES TO OFFICE   |  |
| TITLE   | DPT<br>ALI, FARZAND   | DELETE   | 1.1 TITLE                |   |   | Change Addition  |
| NAME  | 222 NE 79TH ST  |  | 1,2 N/                   |   |   |  |
| STREET ADDRESS  | MIAMI FL 33138  |  |                          | REET ADDRESS  |   |  |
| CITY-ST-ZIP   |   | DELETE   |                          | TY-ST-ZIP   |   | 0  |
| TITLE   | VS<br>ALI, SAUDIA   | ☐ DELETE   | 2.1 1/                   | - 1   |   | L Change L Addition  |
| NAME  | 222 NE 79TH ST  |  | 22 N                     |   |   |  |
| STREET ADDRESS  |   |  |                          | REET ADDRESS  |   |  |
| CITY-ST-ZIP   | MIAMI FL 33138  | □ or err   |                          | ITY-ST-7IP  |   |  |
| TITLE   |   | ☐ DELETE   | 3.1 TI                   | +   |   | Change Addition  |
| NAME  |   |  | 3.2 N                    |   |   |  |
| STREET ADDRESS  |   |  |                          | REFT ADDRESS  |   |  |
| CITY-ST-ZIP   |   | DELETE   |                          | ITY - S1 - ZIP  |   | Change Addition  |
| TITLE   |   | L., Decerte  | 4111                     |   |   | Clange Claconion   |
| NAME  |   |  | 4 2 N                    |   |   |  |
| STREET ADDRESS  |   |  | 4                        | REET ADDRESS  |   |  |
| CITY-ST-ZIP   |   | DELETE   |                          | 1Y-S1-ZIP   |   | Change Addition  |
| TITLE   |   | FT DETERE  | 517)                     |   |   | CHANGE CO ACCURATION   |
| NAME  | }   |  | 5.2 N                    |   |   | 1  |
| STREET ADDRESS  |   |  |                          | REET ADDRESS  |   |  |
| CITY-ST-ZIP   |   | Drutte   |                          | 1Y-ST-ZIP   |   |  |
| TITLE   |   | ☐ DELETE   | 6.1 TI                   |   |   | ☐ Change ☐ Addition  |
| NAME  |   |  | 6.2 N                    |   |   | =  |
| STREET ADDRESS  |   |  | 6.3 S                    | REE'I ADDRESS   |   |  |

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.

CIGNIATURE:

305-759-2507