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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000026334 (7)

GARMENT CAPITAL CORP.

## **FILED** May 11 1998 8:00am Secretary of State

<b>3.1 4 1111</b>					
Principal Place of Business Mailing Address					41,019 B4100 01100 01114 6181 1681
144 <del>0 BNIOKELL AVE. 7TH PLOO</del> R		1110 BRICKELL AVE. 7TH FLOOR			
MIAMI FL 20191		MIAMI FL 33131		DO NOT WOITE IN TH	NO CDACE
				DO NOT WRITE IN TH  3. Date Incorporated or Qualified	IIS SPACE
				03/25/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	NW 25 ST	26 PO BOX 31	1190	59-34-64142	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #,				5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	ni FL	City & State	FL	6. Election Campaign Financing  Trust Fund Contribution □	\$5.00 May Be Added to Fees
Zip	Country	702221	Country	8. This corporation owes or has paid the	· ·
24 33/2	27 25 USA	29 <b>33(07</b> 3	· USA	Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
LEVINE, HOBERT J ESU.				MAX SAEWITZ	
1110 BRICKELL AVE. 7TH FLOOR  MIAMI FL 33131  A2 Street  MIAMI FL 33131				dclress (P.O. Box Number is Not Acceptable)	
. MIP	(MI FL 33131		83	77 EU 7 IL 2	
			B4 City	<i>AM l</i> F	L 85 Zip Code 33/27
g 11. Pyreuant I	to the provisions of Sections 007.000	and 607.1508, Florida Statutes			
* 11. Pt suant to the provisions of Sections 607.0002 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered a tent, or both, if the State of Florida Syah change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiary th, and accept the orbit phone of Section 607.000 Florida Statutes.					
SIGNATURE Signature types or procedules of this principal and total applicable (INTE Registered Agent signature) upwelled whom reinstaining)  DATE    DATE   Procedulation   DATE   DATE					
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	SAEWITZ, MAX		1.2 NAME		
STREET ADDRESS				120 NW 25+2 ST MIAMI FL 3312	
CITY-ST-ZIP	-MIAMI EL 33131	T OFFICE	1.4 CITY-ST-7IP	MIAMI FL 0012	Z
TITLE		☐ DELETE	2.1 TITLE		Change    Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-ST-ZIP			34. CITY-SI-ZIP		
TITLE		DELETE	4 1 1ITLE		Change Addition
NAME			4. 2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE1 ADDRESS		ļ
CITY+ST-ZIP		N	5.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STHEET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	0	
14. I nereby c	cerusy that the information supplied wi	no unis tiling does not qualify for '	ine exemption stated.	in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information

Indicated on this annual report or supplied with his fining does not quality for the exemption stated in Section 1.18.07.50th, notices a funded certify that the 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 outrustee 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 attaching with an address.