

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:36

DOCUMENT # S40797

(0)

1. Corporation Name

ADAM'S SPORTSWEAR, INC.

Principal Place of Business

15325 N.W. 60TH AVE.
MIAMI LAKES FL 33014

Mailing Address

19202 NW 89 AVE
MIAMI FL 33015
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1991

3a. Date of Last Report

06/15/1994

4. FEI Number

65-0247181

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 has liability for intangible tax under S. 199.032,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

21. 15327 N.W. 60th Ave

Suite, Apt. #, etc.

22. 234

City & State

23. MIAMI LAKES, FL

Zip

24. 33014

Country

25. US

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. 33015

31. US

9. Name and Address of Current Registered Agent

KALIMI, AVNER
1902 NW 89 AVE.
MIAMI FL 33015

10. Name and Address of New Registered Agent

81. Name JONTIFF, Scott J.

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

83. Second Floor

84. City MIAMI BEACH

FL

85. Zip Code 33139

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the current registered agent and the corporation

(If the Registered Agent signature is required when modifying)

Date

1/12/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KALIMI, AVNER
STREET ADDRESS	19202 NW 89 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), 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

1400

Register/Forms #