SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 10:08

DOCUMENT # **S74876** **(1)**

1. Corporation Name

TWO TO PARTY, INC.

Principal Place of Business	Mailing Address
2143 N.E. 203RD TERRACE NORTH MIAMI BEACH FL 33179 US	2143 N.E. 203RD TERRACE NORTH MIAMI BEACH FL 33179 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1991
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 65-0290671 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. [illegible] 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

SLEWETT, ROBERT D.
767 ARTHUR GODFREY RD
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. Additions, Changes, Deletions	
TITLE	PT	11 TITLE	☐ Change ☒ Addition
NAME	FLAM, DALE	12 NAME	
STREET ADDRESS	2143 NE 203 TER	13 STREET ADDRESS	
CITY ST ZIP	N MIAMI BCH FL	14 CITY ST ZIP	33179
TITLE	VS	21 TITLE	☐ Change ☒ Addition
NAME	SLEWETT, SHEILA	22 NAME	
STREET ADDRESS	2235 NE 204 ST	23 STREET ADDRESS	
CITY ST ZIP	N MIAMI BCH FL	24 CITY ST ZIP	33180
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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(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: Dale Flam DALE FLAM 6/10/95 (305) 932-4279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002684 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
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PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED

DOCUMENT # **S74980** **(1)**

1. Corporation Name

KWACK'S, INC.

Principal Place of Business	Mailing Address
1702 AVENUE "D" FORT PIERCE FL 34950	117 N NARANJA AVE. PORT ST LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0284892	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc: 22	Suite, Apt #, etc: 27
City & State: 23	City & State: 28
Zip: 24 / County: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

KWACK, YONG UN
1702 AVENUE "D"
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	11 TITLE	☐ Change ☐ Addition
NAME	KWACK, YONG UN	12 NAME	
STREET ADDRESS	1702 AVENUE "D"	13 STREET ADDRESS	
CITY ST ZIP	FORT PIERCE FL	14 CITY ST ZIP	
TITLE	PTD	21 TITLE	☐ Change ☐ Addition
NAME	KWACK, CHANGPU	22 NAME	
STREET ADDRESS	1702 AVENUE "D"	23 STREET ADDRESS	
CITY ST ZIP	FORT PIERCE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STONE, CHARLES WM.	32 NAME	
STREET ADDRESS	406 1/2 S. FIFTH ST	33 STREET ADDRESS	
CITY ST ZIP	FORT PIERCE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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(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: Chang Pu Kwack CHANG PU KWACK 6-12-95 407-465-2289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0172077 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
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PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 ... 5 ...

DOCUMENT # S75723 (4)

1. Corporation Name

CLASSIC APPAREL GROUP, INC.

Principal Place of Business
3300 NW 114 ST
MIAMI FL 33167
US

Mailing Address
3300 NW 114 ST
MIAMI FL 33167
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0295428 — 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

2. Principal Place of Business
21
22 Suite, Apt #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

WOLFE, MELVIN
10651 N KENDALL DR
MIAMI FL 33176

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	SIGAL, GARY
STREET ADDRESS	21310 NE 19 AVE
CITY ST ZIP	NMB FL
TITLE	DP
NAME	ZVI, SHLOMO
STREET ADDRESS	6821 NW 45 ST
CITY ST ZIP	LAUDERHILL FL
TITLE	D
NAME	SIGAL, ISAAC
STREET ADDRESS	21310 NE 19 AVE
CITY ST ZIP	NMB FL
TITLE	P
NAME	~~SIGAL, ISAAC~~
STREET ADDRESS	~~21310 NE 19 AVE~~
CITY ST ZIP	~~N.M.B. FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP	RESIGED	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP	DS	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP	N/A	☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP	DT ABRAHAM KATTAN 7249 N.W. 36 CT MIAMI FL 33147	☐ Change ☒ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP		☐ Change ☐ Addition

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(3)(k), 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: S. Zvi (SHLOMO ZVI) 6/12/95 305 688 7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0068344 CP