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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

V08380

(0)

DOCUMENT # VOS 1. Corporation Name EAST END CLOTHING CO.

8181 F8181	<b>10100</b>	<b> </b>	<b>                                    </b>

Principal Place 474 E. 49TI 105 QUITE HIALEAH FI US	H ST	Mailing Address 285 DEER RVN MIAMI SPRINGS FI US	L 33166			3. Date has paraged or Qualified	3a. Date	(411 <b>4141)</b>	885
						•	<u></u>		
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number 0304695		<b>—</b>	Applied For Not Applicable
Suite, Apt. #	, elc.	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired			5 Additional
City & State		City & State				6. Election Campaign Financing		<del></del>	Required  May Be
23		28				Trust Fund Contribution	Ċ	•	od to Fees
Zip	Country	Zip	Cour	itry		8. This corporation has liability for		k under s	199.032,
24	25 9. Name and Address of Curre	29	30		i	Florida Statutes Yes  10. Name and Address of New F		cont	
	g, Name and Address of Curre	ini negisterea Agent		B1 Nam	e	10. Name and Address of New P	iegistereu F	rgont.	
	NYAS, JAIME			82 Stree	t Addros	s (P.O. Box Number is Not Acceptate	ylo)		
	EER RVN		1		IL AUGIES:	S (F.O. DOX NOTICE) IS NOT ACCEPTAGE			
MIAMI	SPRINGS FL 33166			83					
			1	84 City				<b>85</b> Zi	ıp Code
11 Purcuant to	the provisions of Sections 607 050	12 and 607 1508 Florida State	ites the above	e named	cornovati	on submits this statement for the pur of directors. I hereby accept the app	FL.	naina its i	registered office
SIGNATURE	Signature, typed of printed name of registered age	nt any tie it applicable (f ND DIRECTORS	NOTE: Registered	Agent signatur	e required w	hen reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	ORS IN 12
12.	Signature, typed or printed name of registered age OFFICERS AI	nt an thie it applicable (t	13. 1.11	ILE	e required w		ICERS AND	DIRECTO Change	ORS IN 12
12. TITLE NAME	Signature, typed of printed name of registered age	nt an	13. 1.1 TI 1.2 NA	ile Me			ICERS AND		··· · · · · · · · · · · · · · · · · ·
12. TITLE NAME SIREET ADDRESS	Signature, typed of printed name of registered age OFFICERS AT  GARCIA, VIRGINIA M	nt an	13. 1.1 TI 1.2 NA 1.3 STI	TLE ME REFT ADDRES			ICERS AND		···
12. TITLE NAME	Signature, typed of printed name of registered age OFFICERS AI GARCIA, VIRGINIA M 285 DEER RVN MIAMI SPRINGS FL D	nt an	13. 1.1 TI 1.2 NA 1.3 STI	ILE ME REFT ADDRES 'Y-ST-ZIP			ICERS AND		···
12. TITLE NAME STREET ADDRESS C-TY-ST-ZIP	Signature, typed of printed name of registered age OFFICERS AI GARCIA, VIRGINIA M 285 DEER RVN MIAMI SPRINGS FL D CRUANYAS, JAIME	nt an Aine it arysticable (fi ND DIRECTORS (TO DELETE	13. 1.11/ 1.2 NA 1.3 STI 1.4 CH	ILE ME REFT ADDRES Y-ST-ZIP ILE			ICERS AND	] Change	Addition
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certify triat 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 chapted, or on an attachment with an address.

SIGNATURE: