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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

FAMOUS GARMENT MANUFACTURING CORP.

District D									//B/A BIBIN \$/8// IBB/
Principal Place of Business Mailing Address						i rodii arrhad siiti 41011 80110 0	1598 LIII 6 4	TEL ALANE ALANE	himin mhimin mullin (00)
2190 E 11TH AVE HALEAH FL 33013		2190 E 11TH AVE HIALEAH FL 33013							
						3. Date Incorporated or Qualified 05/06/1992	3a. D	ate of Last F 05/01/	•
	ace of Business	2a. Mailing Address				4. FEI Number	1		Applied For
State Act #		26	A			65-0407082 Not Applicable			····
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing \$5.00 May Be			
Zip Country		700	Zip Country			Trust Fund Contribution Added to Fees			
24	25]	29	n			8. This corporation has liability for intangible tax under s 199 032.			
g. Name and Address of Curren			stered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
			81	Ţ	Name	10. Name and Address of New F	registere	a Agent	
YAVNI	ELI, GURI			1					
	E 11TH AVE		82	2 Street Addr		lress (P.O. Box Number is Not Acceptable)			
	AH FL 33013		83	+					
				L					
			84	۱ ۱	City		F	85 Z	ip Code
familiar wit	of the provisions of Sections 607.05 ed agent, or both, in the State of Fich, and accept the obligations of, Schaller by the provision of the section of the sec	notion 607.0505, Florida Statute	les, the above zed by the corp s.	, OI	anon's board	tion submits this statement for the purion of directors. I hereby accept the app	ointment :	hanging its as registered	registered office d agent. I am
12.	OFFICERS A	IND DIRECTORS	1 3.	11 21	agnar in to hared a		DATE	ID DIRECTO	200 41 . 2
TITLE	ST	DELETE	1 1 TITLE	_		ADDITIONS/CHANGES TO OFF	CERS AF	ND DIRECTO	JRS IN 12 Addition
NAME	YAVNIELI, GURI		1.2 NAME						☐ Yaqqiqii
STREET ADDRESS	9261 SW 102 ST.		1.3 STHEEL	I AD	DURESS				
CHTY-ST-ZIP	MIAMI FL		1.4 CHY-5	31 - Z	ZIP				
TITLE		□ DELETE	2 1 TIFLE					Change	Addition
NAME			2.2 NAME						_
STREET ADDRESS			2 3 STHEET	ΑD	DORESS				
CITY-ST-ZIP			24 City - S	1 - Z	ZiF*				
TITLE NAME		DELETE	3 1 TITLE					☐ Change	☐ Addition
STREET ADDRESS			3.2 NAME						
CITY - ST - ZIP			3.3 SIFEE						
TITLE		DELETE	3.4 CHY- S 4. 1 TITLE	I - Z	ZIF				
NAME		Pottite	4 2 NAME					Change	Addition
STREET ADDRESS			4.2 NAME 4.3 STREET	Afve	inges:				[
CITY-ST-ZIP			4.4 City - S						
TITLE		☐ DELETE	5 1 THE	1 - Z	FIE			☐ Change	Addition
NAME		_	5.2 NAME					☐ Crange	☐ Addition
STREET ADDRESS			5 3 STREET	nca	DRESS				
CITY - ST - ZIP			5.4 CITY - S						-
TITLE		DELETE	6 1 TITLE	Ť				Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	49 <u>0</u>	ORESS				
0.7. 01 7.0					1				

CITY-SF-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(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- I 1884) Bijana Aikii Aibri Beni Biada Jiji Biaia Bidai Braii Aibri Ajari Bidii Ajari