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

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **V72316** **(5)**

1. Corporation Name
**THE APPAREL MART, INC.**

Principal Place of Business
138 NE 1ST AVENUE
HALLANDALE FL 33009-4204
US

Mailing Address
BONILLA ENTERPRISE, INC.
895 W 18TH STREET
HIALEAH FL 33010
US

3. Date Incorporated or Qualified: 10/15/1992
3a. Date of Last Report: 03/02/1995

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

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

4. FEI Number: 65-0363094 — 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

9. Name and Address of Current Registered Agent
BONILLA, MARILYN
LAW OFFICES OF ELIZABETH ATHANASAKOS
1800 NE 26TH STREET
FT. LAUDERDALE FL 33305

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
Signature of Typed or printed name of Registered Agent — Date — Registered Agent signature (required if filed separately) — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PTD ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | BONILLA, PAUL JR. | 1.2 NAME | |
| STREET ADDRESS | 15800 WEST PRESTWICK PLACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | 1.4 CITY-ST-ZIP | |
| TITLE | SD ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BONILLA, MARIA | 2.2 NAME | |
| STREET ADDRESS | 15800 WEST PRESTWICK PLACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI LAKES FL | 2.4 CITY-ST-ZIP | |
| TITLE | VP ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | BONILLA, RICHARD | 3.2 NAME | |
| STREET ADDRESS | 895 W 18TH STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ 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 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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(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 in an attachment with an address.

**SIGNATURE:** PAUL BONILLA 3/14/96 305-884-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)