


FILED
Jun 19, 1999 8:00 am
Secretary of State

06-19-1999 90002 012 ***150.00

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 681855 ✓
 1. Corporation Name
DYNASTY APPAREL INDUSTRIES, INC.

* 5 7 7 8 9 6 *
 577896 - 90002 - 12

Principal Place of Business Mailing Address
13000 NW 42ND AVENUE
MIAMI, FL 33054

3. Date Incorporated or Qualified **8/12/80** 3e. Date of Last Report **7/06/98**

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

4. FEI Number **59-2039420** 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
MELENDEZ, ARMANDO
7450 N. AUGUSTA DRIVE
MIAMI, FL 33015

10. Name and Address of New Registered Agent
91 Name
MELENDEZ, ARMANDO
92 Street Address (P.O. Box Number is Not Acceptable)
13000 NW 42nd Avenue
93 City
Miami
94 City
FL 95 Zip Code
33054

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 use if applicable. (H.O.G. Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE MELENDEZ, IGNACIO 14341 ARLINGTON PLACE DAVIE, FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE MELENDEZ, ARMANDO 7450 N. AUGUSTA DRIVE MIAMI, FL 33015	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: *Armando Melendez*

CR2E034 (9/96)

LAW OFFICES
G. FRANK QUESADA

SUITE 200
1313 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33134

TELEPHONE
(305) 446-2517

FACSIMILE
(305) 446-7521

577896-90002-12
681855

June 14, 1999

Annual Reports Filings
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: DYNASTY APPAREL INDUSTRIES, INC.

Dear Sir or Madam:

Enclosed please find Annual Report along with check in the amount of \$150.00 for filing 1999 report.

Please note that our clients did not receive their annual notice this year and therefore are changing the address of resident agent to their business mailing address and hope this will not occur next year.

Please advise if any other changes need to be made.

Thank you for your attention to this matter.

Very truly yours,


G. Frank Quesada

Enclosures
/rq