FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000055388

1. Corporation Name

AVIS HOSIERY, INC

000001461960
-04/21/95--01018--002
****208.75 ****208.75
DO NOT WRITE IN THIS SPACE.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 7/27/94
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26 6950 CYPRESS ROAD	4. FEI Number	X Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 208	5. Certificate of Status Desired	X $8.75 Additional Fee Required
City & State 23	City & State 28 PLANTATION, FL	6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 33317 / 30 BROWARD	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes*	X Yes No

9. Name and Address of Current Registered Agent

NAT FLAKS

10. Name and Address of New Registered Agent

81 Name: NAT FLAKS
82 Street Address (P.O. Box Number is Not Acceptable): 6950 CYPRESS ROAD
83: SUITE 208
84 City: PLANTATION FL 85 Zip Code: 33317

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] (Signature, title or status of person signing on behalf of corporation (see instructions) if applicable) (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	D/P/T NAT FLAKS 6950 CYPRESS RD. SUITE 208 PALNTATION. FL 33317	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	D/S J DITH K. FLAKS 6950 CYPRESS RD. SUITE 208 PLANTATION, FL 33317	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	T/S 4/19/95	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 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)(i), Florida Statutes. I further certify that the information indicated on this 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: [signature] NAT FLAKS 3/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #