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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000033509 (7)

THE STUFFED-SHIRT COMPANY (USA) INC.

Principal Place 8675 NW 53 SI SUITE 120 MIAMI FL 3316	Γ.	Mailing Address 8675 NW 53 ST. SUITE 120 MIAMI FL 33168-4512					
					3. Date Incorporated or Qualified 04/28/1995	3a. Date of Last F 05/01/1996	Report
2. Principal Pt	ace of Business	2a. Mailing Address 26			4, FEI Number 62-1604096	⊦-	pplied For lot Applicable
Suite, Apt. :	f, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Ζφ 24	Country 25	7 p	Country 30			Yes 🔽 No	s. 19 9.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	Jistered Agent	
8675 SUN	EL, CHRIS I NW 53 ST. E 120 All FL 33166		81 82 83	Name Street Add	ress (P.O. Box Number is Not Acceptab	le)	J. 4444
			84	City		FL 85 Zip	Code
office of re agent. Lar	o the provisions of Sections 607 the agisterical agent, or both, in the Sta in familiar with, and accept the obli-	ite of Florida. Such change was a igations of, Section 607.0505, Flo	uthorized by orida Statutes	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep lired when reliktating)	urpose of changing the appointment as	its registered s registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
THEE	POR	☐ DELETE	1.1 TITLE			L Change	Addition
NAME	PATEL, CHRIS		1.2 NAME				
STREET ADDRESS	8675 NW 53 ST., SUITE 120 MIAMI FL 33166		1.3 STREET	ł			
CITA - ST - ZIP THILE	MINMI (L 30100	DELETE	1.4 CITY-S 2 1 TITLE	1.21	WARRY	Change	Addition
NAME			2.2 NAME				
STREET ADORESS			2.3 STREET	ADDRESS			
CITY - ST - ZIF			2. 4 CITY - 5	ST-ZIP			
1114		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ACRORESS			33 STREET	ſ			
CHTY - S1 - ZVP		DELETE	3.4. CITY-1	ST-ZIP		Change	Addition
TITLE NAME			4.1 TITLE 4. 2 NAME			L Change	LJ Modition
STREET ADDRESS			4.2 NAME	ADDRESS			
CITY - ST. ZIP			4.4 CITY-S				
1014.		DELETE	5.1 TiTLE			Change	Addition
NAME			5.2 NAME			_	
STHEET ACORESS			5.3 STREET	ADDRESS			
CUTY- STE ZIE	-		5.4 CITY - S	T-ZIP			
THLE		☐ DELETE	6 1 TITLE			Change	Addition
NAME			6.2 NAME		·		
STREET ADDRESS			6.3 STHEET	ADDRESS			
City-St-7.P			64 CITY-5				
informatio Lam an of	ly certify that the information supp n indicated on this annual report o ficer or director of the corporation i Block 12 or Block 13 if changed,	r supplemental annual report is to or the receiver or trustee empow	rue and acc ered to exe	mption state rate and tha ute this repo	d in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	 I further certify that I effect as if made us itatutes; and that my 	t the nder oath; tha name

SIGNATURE:

Daytime Ptione #

Date

FILED

Apr 15 1997 8:00am

Secretary of State