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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000080736 (7)

STREETWEAR, INC. Principal Place of Business Mailing Address 2550 NW 39 STREET 2550 NW 39 STREET MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1394756 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Xi No Country Zip Country Zìp 30 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KUPER, JACK 2550 NW 39 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33142 83 City 84 85 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatu OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE KUPER, JACK E034 NAME 1.2 NAME 2550 NW 39 STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DFLETE 2.1 TITLE Change Addition KUPER, DIANA NAME 2.2 NAME 2550 NW 39 STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP 2. 4 CITY-ST-ZIP

NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

3.3 STREET ADDRESS

3.4, CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 aame appears in Block 12 or Block 13 if changed, or on an attachment provided in the corporation of the corporation o

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

City-St-ZiP

THINK TEQUIF

DELETE

DELETE

638 4322

Addition

Addition

Change

Change

FILED

Jan 29 1998 8:00am

Secretary of State