

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED AND FILED
 8165.00
 1997 JUL 23 AM 9:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S08168 (4)
 1. Corporation Name
TRIUMPH HOSIERY CORP.

Principal Place of Business
 3240 N 37 ST
 HOLLYWOOD FL 33021

Mailing Address
 3240 N 37 ST
 HOLLYWOOD FL 33021



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1990
 3a. Date of Last Report 04/23/1996

4. FEI Number 65-0226886
 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 owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent
 EDWARD SOLOMAN
 3240 N 37 ST
 HOLLYWOOD FL 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PST | <input type="checkbox"/> DELETE |
| NAME | ANN SOLOMON | |
| STREET ADDRESS | 3240 N. 37TH STREET | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|---|
| 1.1 TITLE | COB | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ANN SOLOMON | |
| 1.3 STREET ADDRESS | 3240 N. 37th. St. | |
| 1.4 CITY-ST-ZIP | HOLLYWOOD, FL. 33021 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 800002250588--9 | |
| 2.3 STREET ADDRESS | -07/23/97--01053--027 | |
| 2.4 CITY-ST-ZIP | ****165.00 ****165.00 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | Secretary | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | SUSAN ZOHAR | |
| 4.3 STREET ADDRESS | 927 N.E. 199 St. | |
| 4.4 CITY-ST-ZIP | Miami, Fl. 33179 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | PT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | EDWARD SOLOMON | |
| 6.3 STREET ADDRESS | 3240 N. 37th. St. | |
| 6.4 CITY-ST-ZIP | HOLLYWOOD, FL. 33201 | |

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 _____ DATE _____

CR2E034 (4/97)

pp2012

Triumph HOSIERY CORP.

2700 NORTH 29th AVENUE SUITE 105 HOLLYWOOD, FLORIDA 33020 (954) 929-6021 FAX (954) 963-3344

July 15, 1997

We originally mailed this form along with check # 7105 on February 27, 1997. Today when I called I was told that this form and check were returned to me on 3.5.97 for new signature, However we never received this back and until today we did not know that there was a problem. Our original check has not cleared the bank so I must assume that this was lost in the mail when you sent it back to us. Per my conversation with you today, enclosed please find a new completed form along with a new check.

Thank you.