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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	N DRIVE SWIMWEAR, INC.	0093010 (1)		
Principal Plac	e of Business	Mailing Address		
3401 N 47 AVE		3401 N 47 AVE		
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021		
		4		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
1				10/29/1997
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0790294 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.	 	S8 75 Additional
22 27		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the current year Intangible
24	25		10	Personal Property Tax due June 30. Yes No
	9, Name and Address of Curre	nt Registered Ageni		10. Name and Address of New Registered Agent
THE PROPERTY IN THE PROPERTY I			81 Name	ANIDJAR ELIAHU
343 ALMERIA AVENUE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134				340/ N. 47 AVE
			83	
			84 City	85 Zip Code
				HOLLYHOOD FL 33021
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes				rporation submits this statement for the purpose of changing its registered alion's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the oblig	jations of, Section 607.0505, Flori	ida Statutes.	04/06/98
SIGNATURE	Signature, typed or printed harve of registered an	ent and title if applicable (NOIE	Registered Agent signature req	
12.		ID DIRECTORS	1 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME	anidjar, samuel		1.2 NAME	
STREET ADDRESS	3401 N 47 AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 C/TY - ST - Z/P	
TITLE	VSTD	☐ DELETE	2.1 TITLE	Change Addition
NAME	anidjar, Eliahu		2.2 NAME	
STREET ADDRESS	3401 N 47 AVE		2.3 STRFET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		2. 4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		[] DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	•
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		Decete	5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME CYDEEX ADDRESS			6.2 NAME	

14. Thereby certify that the information supplied with this filing 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP