

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
 Secretary of State

0032476

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 198701 (5)
 1. Corporation Name
AMERICANA KNITTING MILLS OF MIAMI INC



| | |
|--|--|
| Principal Place of Business 4400 NW 135TH ST BUILDING 2 OPA LOCKA FL 33054 | Mailing Address 4400 NW 135TH ST BUILDING 2 OPA LOCKA FL 33054 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|-------------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | 300 Mac Lane | 12/31/1956 | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 4. FEI Number | |
| 23. City & State | | 28. City & State | | 59-0799068 | |
| 24. Zip | | 29. Zip | | Applied For | |
| Country | | Country | | Not Applicable | |
| 25 | | 30 | | 5. Certificate of Status Desired | |
| | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution | |
| | | | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MAMIYE, DAVID E 4400 NW 135TH ST BUILDING 2 OPA LOCKA FL 33054 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | MAMIYE, JACK C | | | 1.2 NAME | | | |
| STREET ADDRESS | 4400 NW 135TH ST | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | MAMIYE, CHARLES S | | | 2.2 NAME | | | |
| STREET ADDRESS | 4400 NW 135TH ST | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | MAMIYE, DAVID E | | | 3.2 NAME | | | |
| STREET ADDRESS | 4400 NW 135TH ST | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | MAMIYE, ABRAHAM M | | | 4.2 NAME | | | |
| STREET ADDRESS | 4400 NW 135TH ST | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | MAMIYE, CHARLES D | | | 5.2 NAME | | | |
| STREET ADDRESS | 4400 NW 135TH ST | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I hereby 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.

SIGNATURE: David Mamiye Date: 7/7/98 Daytime Phone #: 732-346-3501

CR2E034 (5/98)