

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia R. Mortland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 449633 (7)

1. Corporation Name

J & P SPORTWEAR INC.



Principal Place of Business

175 N.E. 1ST ST.
MIAMI FL 33132

Mailing Address

175 N.E. 1ST ST.
MIAMI FL 33132

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

ABUT, JOSE
175 N E 1ST ST
MIAMI, FL
33132

3. Date Incorporated or Qualified

04/02/1974

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1535487

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 has liability for intangible tax under s. 193.032,
Florida Statutes

☒ Yes ☐ No

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	1. TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	2. TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	3. TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	4. TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	5. TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	6. TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP

PD
ABUT, JOSE
2210 S.W. 26TH ST.
MIAMI FL
TSD
ABUT, HENRY
2210 S W 26TH ST
MIAMI FL

1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Jose Abut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (305) 558-2190
DATE

CR2E034 (12/95)