

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90041 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 469559

1. Corporation Name
MISHY SPORTSWEAR, INC.



Principal Place of Business 13200 N.W. 45TH AVE. OPA LOCKA FL 33054	Mailing Address 13200 N.W. 45TH AVE. OPA LOCKA FL 33054
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/14/1975	
21		26		4. FEI Number 59-1580831	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD MIAMI FL 33131				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LATTMAN, ALEX C			1.2 NAME	G. Michael Albala		
STREET ADDRESS	230 174TH STREET, #2119			1.3 STREET ADDRESS	2640 South University Dr. #308		
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CITY-ST-ZIP	Davie, FL 33328		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ABRAMSON, ROCHELLE			2.2 NAME	Sonia M. Lipson		
STREET ADDRESS	701 BILTMORE WAY			2.3 STREET ADDRESS	9325 S.W. 108th St.		
CITY-ST-ZIP	CORAL GABLES FL 33134			2.4 CITY-ST-ZIP	Miami, FL 33176		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LYONS, MONICA			3.2 NAME	Sandy M. Lipson		
STREET ADDRESS	6216 COUNTRYSIDE LN.			3.3 STREET ADDRESS	9325 S.W. 108th St.		
CITY-ST-ZIP	MADISON WI 53705			3.4 CITY-ST-ZIP	Miami, FL 33176		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABRAMSON, JEROME			4.2 NAME			
STREET ADDRESS	701 BILTMORE WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 (305) 687-8383
Date Daytime Phone #