FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (5) Corporation Name MI-GLAD SPORTWEAR, INC. Principal Place of Business Mailing Address 40 WEST 22 STREET 40 WEST 22 STREET HIALEAH FL 33010 HIALEAH FL 33010 3. Date Incorporated or Qualified 3a. Date of Last Report 06/09/1975 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-1596740 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 П Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zφ Z(p)Country 8. This corporation has liability for intangiple tax under s 199.032, 24 25 29 30 Florida Statutes Yes Wo Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCIA, LOUIS D. 82 Street Address (P.O. Box Number is Not Acceptable) 5509 S.W. 147TH PLACE **MIAMI FL 33185** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of repetered agent and time flapping air CHOTE By Jished Agent signature required when her stilling-12. OFFICERS AND DIRECTORS (12/95)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE Change Addition NAME MILIAN, ELIZABETH MILIAN, ELIZABETH 3030 SW 92 PL 1.2 NAME STREET ADDRESS 490 W. 79 STREET CR2E034 1.3 STREET ADDRESS HIALEAH, MIAMI LKS., F CITY-ST-ZIP MIAMI, FL 33165 14 C'TY - \$1 - Zif' THILE DELETE 2.11006 Addition NAME MILIAN, GLADYS, JR. MILIAN, GLADYS 2.2 NAME 3030 SW 92 PL. STREET ADDRESS 3030 SW 92 PL 23 STREET ADDRESS MIAM! FL CITY - ST - ZIP MIAMI, FL 33165 2.4 C(TY - ST - Z)P TITLE DELETE 3 1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TIFLE DELETE 4 1 TIT. F Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CrTY - ST - ZrP 4.4 C(TY - \$1 - Z)P TITLE DELETE 5 1 THEF Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 THILE Change Addition NAME 5.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this fring 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ELESTATED NAME OF SIGNING OFFICER OR DIRECTOR

MIUAN

4/19/96

305-888-3250