**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.**
**AMOUNT DUE ON OR BEFORE 7/28/93: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)**

APPROVED
AND
FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 580485 (1)

1. Name and Mailing Address of Corporation

SITEMART UNIFORMS INC.
8358 SW 8TH STREET
MIAMI FLA. 33174

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

DO NOT WRITE IN THIS SPACE

| FILING FEE $225.00 | Annual Report $61.25 + $138.75 Corporation Supplemental Fee + $25.00 Late Fee = MAKE CHECK PAYABLE TO DEPARTMENT OF STATE |
|---|---|

3. Date Incorporated or Qualified | 3a. Date of Last Report

4. FEI Number 59-1839745 — 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 2. Mailing Address | 2a. Principal Place of Business |
|---|---|
| 21 8358 SW 8TH STREET | 26 1580 W. 37TH STREET |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: MIAMI FLA. | 28 City & State: HIALEAH FLA. |
| 24 Zip: 33174 — 25 Country | 29 Zip: 33012 — 30 Country |

9. Name and Address of Current Registered Agent

MARTINEZ JULIO PD.
37 SW. 76 COURT
MIAMI FLA. 33144

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 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| 11 TITLE | PD. | |
| 12 NAME | MARTINEZ JULIO | |
| 13 STREET ADDRESS | 37 SW 76 COURT | |
| 14 CITY-ST-ZIP | MIAMI FLA. 33144 | 100001484561 05/11/95 01031 001 ****200.00 ****200.00 |
| 21 TITLE | S | |
| 22 NAME | MARTINEZ ELENA | |
| 23 STREET ADDRESS | 37 SW 76 COURT | |
| 24 CITY-ST-ZIP | MIAMI FLA 33144 | |
| 31 TITLE | | |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | |
| 42 NAME | | |
| 43 STREET ADDRESS | | $1.146 MST |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

**SIGNATURE:** Elena Martinez — 5-1-95 — 227-2120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #