Mar 26, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F38655

1. Corporation Name

FRI-MAR ACTIVEWEAR & SHOES, INC.

	·					
Principal Place of Business Mailing Address						
18187 BISCAYNE BLVD 18187 BISCAYNE BLVD.						
MIAMI FL 33160 MIAMI FL 33160					DO NOT WRITE IN THIS SPACE	
US US					=3.±Date:Incorporated or Qualifed	
					08/17/1981	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
2. Principal Place of Business		⊢ *				
<u> </u>		26			59-2115600 Not Applicable \$8.75 Additional	
Suite, Apt. #, etc.			E Codificate of Status Desired		5. Certificate of Status Desired Fee Required	
22						
_ ′	City & State City & State				6. Election Campaign Financing S5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25	29 30			Personal Property Tax. Yes No	
Name and Address of Current Registered Agent				,	10. Name and Address of New Registered Agent	
KALLER, FRIDA			81	Name		
			82	Street	Address (P.O. Box Number is Not Acceptable)	
6117 NW 83RD LN			[02	500007	Addition in the thought in the thought in the thought in the	
PARKLAND FL 33067			83	83		
			84	City	F 85 Zip Code	
	the delegant of Scotlage 607 066	2 and 607 1509 Florida Statutes	the abou	o_named	corporation submits this statement for the nurpose of changing its registered	
115 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 ar	n familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statutes	S	•	
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require				required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	□ berete	1.1 TMLE			
NAME	KALLER, FRIDA		1.2 NAME	1	•	
STREET ADDRESS	OTTES OTTE ET		1.3 STREE	TADDRESS		
CITY-ST-ZIP	PARKLAND FL		1.4 CITY-S	ST-ZIP_		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	KALLER, MARIO		2.2 NAME			
STREET ADDRESS	0.47 PM1 COPP 11)		2.3 STREE	TADDRESS		
CITY-ST-ZIP PARKLAND FL		2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
					1	

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

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

51TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

☐ DELETE

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Change

☐ Change

Change

☐ Addition

☐ Addition

☐ Addition