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Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90136 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F62084

1. Corporation Name

A.K.B. SPORTSWEARS, INC.

Principal Place of Business

2117 NW 20TH ST  
MIAMI FL 33142

Mailing Address

2117 NW 20TH ST  
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1982

4. FEI Number

59-2166888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2078 NW 21st STREET

Suite, Apt. #, etc.

22

City & State

23 MIAMI-FL

Zip

24 33142

Country

25 USA

2a. Mailing Address

26 2078 NW 21st STREET

Suite, Apt. #, etc.

27

City & State

28 MIAMI-FL

Zip

29 33142

Country

30 USA

9. Name and Address of Current Registered Agent

SUAREZ, MANUEL O  
2117 N.W. 20TH ST  
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name

MANUEL O. SUAREZ

82 Street Address (P.O. Box Number is Not Acceptable)

2078 NW 21st STREET

83

84 City

MIAMI

FL

85 Zip Code

33142

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 agent 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

Manuel O. Suarez

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TD  
SUAREZ, MANUEL O  
STREET ADDRESS 8236 SW 10TH TERRA  
CITY-STATE-ZIP MIAMI, FL 00000

TITLE ☐ DELETE

NAME PD  
SUAREZ, EVARISTO A.  
STREET ADDRESS 8244 SW 10TH TER  
CITY-STATE-ZIP MIAMI, FL 0

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a different like empowered.

SIGNATURE: EVARISTO SUAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (305)326-8445

Date

Daytime Phone #

CR2E034 (11/98)