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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # F9800004170

MANHATTAN TRADE INTERNATIONAL INC.

INTERKNIT SPORTS WEAR COMPANY DBB

Principal Place of Business

**CUNNINGHAM, RON** 4001 N. 41ST CT. HOLLYWOOD FL 33021 Mailing Address

350 5TH AVE., STE. 6707 NEW YORK NY 10118

350 5TH AVE., STE. 6707 NEW YORK NY 10118

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			DO NOT WRITE IN T	HIS SPACE	Ē.
		3.	Date Incorporated or Qualifed 07/21/1998		
2. Principal Place of Business	2a. Mailing Address		. FE1 Number		Applied For
21 1920 EAST HALLAND	A 26 1920 East Hallandal Br	1	13-3304914	<u> </u>	Not Applicab
Suite, Apt. #, etc. 22 BLVD # 902	Suite, Apt #, etc. 27 + 90 2	1	Certificate of Status Desired []		75 Additional se Required
City & State  23 Hallandale FL	Oity's State  28 Hallandal FL	6.	Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
24 33 P Country	Zip Country 29 3300 [30]	8.	This corporation owes the current year Personal Property Tax	Intangible [] Yes	
g. Name and Address of Curren	t Registered Agent	10.	Name and Address of New Register	ed Agent	

[	10. Name and Address of New Registered Agent
81	Name Manspor Ali Mooman Street Address (P.O. Box Number is Not Acceptable)
82	Street Address (P.O. Box Number is Nol Acceptable)
83	Manspor HI; Moorman  Street Address (P.O. Box Number is Not Acceptable) 1920 East Hallandsle Blood # 90

33 code Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's hoard of directors. Thereby accept the appointment as registered

12.	OFFICERS AND DIRECTORS	The second of the second of	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CP	[] DELETE	1 1 TITLE	[]] Change []] Addition
NAME	Habib, Dawood		1.2 NAME	
STREET ADDRESS	1920 HALLANDALE BEACH BLVD., STE. 902		13 STREET ADDRESS	\$^{\text{\tint{\text{\tin}\tint{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\ti}\tint{\text{\text{\text{\text{\tin}\tint{\text{\text{\texi}\titint{\text{\tint}\tint{\text{\tiin}\tint{\tiin}\tint{\tiin}
CITY-ST-ZIP	HALLANDALE FL 33009		14 CITY-ST-ZIP	0000027888809
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NAME			2 2 NAME	-02/26/99U1085uu <i>c</i>
STREET ADDRESS			23 STREFT ADDRESS	****150.00 ****150.00
CITY-ST-ZIP			2 4 CITY+ST-ZIP	The state of the s
TITLE		[] DELETE	3 1 TITLE	[] Change [] Addition
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CITY-ST-ZIP			34 CITY-ST-ZIP	
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NAME			4 2 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			4.4 CiTY-ST-ZIP	
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NAME			5.2 NAME	
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City-St-ZiP			54 CITY-ST-ZIP	
TITLE		DELETE	6 1 TITLE	["] Change [ ] Addition
NAME			62 NAME	_ 1 1
STREET ADDRESS			63 STREET ADDRESS	L alas laa aapan
C(TV et 700			64 OI Y-SI-ZIE	17- 2126144 79141

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Funda 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 logal 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 attachmentwith an address, with all other like empowered.