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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G33603

1. Corporation Name

Sunkiss Active Wear, Inc.

Principal Place of Business	Mailing Address
400 Leslie Drive #731 Hallandale, Fl. 33009	400 Leslie Drive #731 Hallandale, Fl. 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/83

2. Principal Place of Business
21: 10604 NW 7th Ct
Suite, Apt. #, etc. 22:
City & State 23: Plantation, Fl.
Zip 24: 33324 Country 25:

2a. Mailing Address
26: 10604 NW 7th Ct.
Suite, Apt. #, etc. 27:
City & State 28: Plantation, Fl
Zip 29: 33324 Country 30:

4. FEI Number: 59-2414000 ☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Bob Brigida
10604 NW 7th Court
Plantation, Fl. 33324

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, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	Linda Brigida		12 NAME	
STREET ADDRESS	1041 W. Commercial Blvd.		13 STREET ADDRESS	10604 NW 7th Ct
CITY-ST-ZIP	Ft. Lauderdale, Fl.		14 CITY-ST-ZIP	Plantation, Fl. 33324
TITLE	PD	☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	Bob Brigida		22 NAME	
STREET ADDRESS	1041 W. Commercial Blvd.		23 STREET ADDRESS	10604 NW 7th Ct.
CITY-ST-ZIP	Ft. Lauderdale, Fl.		24 CITY-ST-ZIP	Plantation, Fl. 33324
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	000002495980
STREET ADDRESS			43 STREET ADDRESS	-04/22/98--01010--027
CITY-ST-ZIP			44 CITY-ST-ZIP	***150.00
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

4/21

CR2E034 (10/97)

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 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 attached sheet, with an address.

SIGNATURE: Linda Brigida LINDA BRIGIDA 4-13-98 954 476 2596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #