

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

1996 MAR 29 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J14153

1. Corporation Name

WIPEOUT SPORTSWEAR, INC.

Principal Place of Business

2215 W 10th Court  
Hialeah, FL 33012

Mailing Address

2215 W 10th Court  
Hialeah, FL 33012

3. Date Incorporated or Qualified  
5/13/86

3a. Date of Last Report  
4/18/95

2. Principal Place of Business

2a. Mailing Address

21 644 W 28th Street

26 644 W 28th Street

4. FEI Number

59-2680168

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Hialeah, FL

28 Hialeah, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33010

25 USA

29 33010

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CESPEDES, JOAQUIN A., JR.

2215 W 10th Court

Hialeah, FL 33010

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
644 W 28th Street

83

84 City

Hialeah

FL

85 Zip Code

33010

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS CESPEDES, JOAQUIN A. JR.  
CITY-ST-ZIP

1 1 TITLE ☐ Change ☒ Addition  
1 2 NAME D/P/S/T  
1 3 STREET ADDRESS CESPEDES, JOAQUIN A. JR.  
1 4 CITY-ST-ZIP 644 W 28th Street  
Hialeah, FL 33010

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY-ST-ZIP  
300001763169  
-03/29/96--01095--019  
\*\*\*\*200.00 \*\*\*\*200.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/96

Daytime Phone #

CR2E034 (12/95)