

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

Amended

DOCUMENT # J14153
1. Corporation Name

WIPEOUT SPORTSWEAR, INC.

FILED

96 OCT -4 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32301
10/04/96-01058-005
*****61.25 *****61.25

Principal Place of Business 644 W 28TH STREET
HIALEAH, FL 33010
Mailing Address 644 W 28TH STREET
HIALEAH, FL 33010

3. Date Incorporated or Qualified 5/13/86
3a. Date of Last Report 3/29/96
4. FEI Number 59-2680168
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 394 E 10TH COURT
Suite, Apt. #, etc.
22 HIALEAH, FL
City & State
23 33010
Zip
24 USA
Country
25 394 E 10TH COURT
Suite, Apt. #, etc.
26 HIALEAH, FL
City & State
27 33010
Zip
28 USA
Country
29

9. Name and Address of Current Registered Agent

CESPEDES, JOAQUIN A., JR.
644 W 28TH STREET
HIALEAH, FL 33010

10. Name and Address of New Registered Agent

81 Name CESPEDES, JOAQUIN A., JR.
82 Street Address (P.O. Box Number is Not Acceptable) 394 E 10TH COURT
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

10/3/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	CESPEDES, JOAQUIN A., JR.	
STREET ADDRESS	644 W 28TH STREET	
CITY - ST - ZIP	HIALEAH, FL 33010	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CESPEDES, JOAQUIN, A., JR.	
13 STREET ADDRESS	394 E. 10TH COURT	
14 CITY - ST - ZIP	HIALEAH, FL 33010	
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

[Handwritten signature]

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:

JOAQUIN A. CESPEDES, JR.

(305)888-8854 10/3/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #