

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

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Apr 30 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J69869** (2)  
1. Corporation Name  
**UNITED HOSIERY OUTLETS, INC.**



Principal Place of Business <b>585 W. 49TH ST. HIALEAH FL 33012</b>	Mailing Address <b>585 W. 49TH ST. HIALEAH FL 33012-3804</b>
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2. Principal Place of Business 21 <b>21443 NW 2 AVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI FLA</b> Zip 24 <b>33169</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>21443 NW 2 AVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI FLA</b> Zip 29 <b>33169</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>04/29/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
		4. FEI Number <b>59-2813916</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>HERRERA, YOLANDA</b> <b>585 W. 49TH ST.</b> <b>HIALEAH FL 33012</b>		10. Name and Address of New Registered Agent 81 Name <b>HERRERA, YOLANDA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>21443 NW 2 AVE</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33169</b>	
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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 *Yolanda Herrera* **YOLANDA HERRERA**  
Signature of registered agent and name of registered agent and office, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>HERRERA, JUAN M.</b>	1.1 TITLE <b>PD</b>	1.2 NAME <b>HERRERA, JUAN M.</b>
STREET ADDRESS <b>585 W. 49TH ST.</b>	CITY-ST-ZIP <b>HIALEAH FL</b>	1.3 STREET ADDRESS <b>21443 N.W. 2 AV</b>	1.4 CITY-ST-ZIP <b>MIAMI, FLA, 33169</b>
TITLE <b>VD</b>	NAME <b>HERRERA, YOLANDA</b>	2.1 TITLE <b>VD</b>	2.2 NAME <b>HERRERA, YOLANDA</b>
STREET ADDRESS <b>585 W. 49TH ST.</b>	CITY-ST-ZIP <b>HIALEAH FL</b>	2.3 STREET ADDRESS <b>21443 N.W. 2 AVE</b>	2.4 CITY-ST-ZIP <b>MIAMI, FL 33169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do 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 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, as required, or in an attachment with an address.

SIGNATURE: *Juan M. Herrera* **JUAN M. HERRERA** (305) 362-9911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)