

**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

**DOCUMENT # K19084 (8)**

1. Corporation Name

**IVA SPORTSWEAR, INC.**



Principal Place of Business

**7085 N.W. 50TH ST.  
MIAMI FL 33166**

Mailing Address

**7085 N.W. 50TH ST.  
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUTTON, JAMERSON & MULLIN  
2655 LE JEUNE RD  
PENTHOUSE II  
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and if that applies

Multiple Registered Agent Signature required when constituting

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DP  
VELEZ, IVAN DARIO  
2655 LE JEUNE RD, PH II  
CORAL GABLES FL**

☐ DELETE

**DV  
VELEZ, MARIA VICTORIA  
2655 LE JEUNE RD, PH II  
CORAL GABLES FL**

☐ DELETE

**DVS  
SAENZ, CONSUELO  
2655 LE JEUNE RD, PH II  
CORAL GABLES FL**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE 12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS 14 CITY-ST-ZIP

2. TITLE 22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS 24 CITY-ST-ZIP

3. TITLE 32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS 34 CITY-ST-ZIP

4. TITLE 42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS 44 CITY-ST-ZIP

5. TITLE 52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS 54 CITY-ST-ZIP

6. TITLE 62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS 64 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 in an attachment with an address.

SIGNATURE:

*Consuelo Saenz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-25-96

✓ 305-477-6280

Date

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