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

Block 12 or Block 13 if changed, or on an attachment with an address.

Sep 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra Bi Mortham ANNUAL REPORT Secretary of State Secretary of State 1**9**98 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name (5) D.R. SPORT WEAR, CORP. Principal Place of Business Mailing Address 1665 WEST 31ST PLACE 1665 WEST 31ST PLACE HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/17/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0112843 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution \Box 23 Added to Fees 28 Country Zip Country Zφ 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 🙀 Yes 24 25 28 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 RODRIGUEZ, DOMINGO CONZU/EZ 6685 S.W. 94TH STREET 82 **MIAMI FL 33156** 83 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 Aich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am faryliar with, and acquipilite obligations of Acction 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 1.1 1(1) (RODRIGUEZ, DOMINGO NAME 1.2 NAME 6685 S.W. 94TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELFTE Addition. TITLE JUAN R GONZALEZ 2.1 7/11/2 PROSIDENT NAME 2.2 NAME UGN R GONZULER 11345 0W 47 51 14. 37/6 STREET ADDRESS 2.3 STREET ADDRESS 5W 47 25. 2.4 CITY-ST-ZIP CITY-ST-ZIP D Change M Addition THILE 3.1 TITLE GON 2ales 3.2 NAME NAME Gonzaler STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-S1-ZIP Change DELETE Addition TITLE 4.1 TIYLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition 5.1 TREE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change DELETE ____ Addition 61 INLE TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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

GONZalez

FILED