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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M37026

MILLER SPORTSWEAR, INC.

FILED Jan 22, 1999 8:00am Secretary of State 01-22-1999 90036 012 ***150.00



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Principal Plac	ce of Business	Mailing Address	···		
5675 S.W. 137 AVE. 5675 S.W. 137 AVE.					
MIAMI FL 33183 MIAMI FL 33183			DO NOT WITH IN THE CRACE		
!				DO NOT WRITE IN TH 3. Date incorporated or Qualifed	IIS SPACE
		•		08/19/1986	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	•	26		÷59-27.154.13	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			-	\$8.75 Additional	
22 27			5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23	 : - :	28	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25		30	Personal Property Tax.	Yes No
	9. Name and Address of Current		81 Name	10. Name and Address of New Registere	ad Agent
ALVAREZ, LUZ A				· .	
5675 S.W. 137 AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAI	MI FL 33183		83		
	•		84 City	The state of the s	. 85 Zip Code
<u> معروض م</u>				F	<u>L</u>
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above-named con	poration submits this statement for the purpose	of changing its 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 697.0505, Florida Statutes.					
,	and amel	a lat -			190
SIGNATURE	0 7 100	7 7-1		1/6	
	Signature, type printed name of posistered agent	t and title if applicable. (NOTE:	Registered Agent signature require		AND DIPLOTODO IN 12
12.	Signature, type printed name of pastered agent OFFICERS ANI	t and title if applicable. (NOTE: D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
12 .	Signature, type of printed name of pistered agent OFFICERS ANI	t and title if applicable. (NOTE:	13. 1.1 TITLE		AND DIRECTORS IN 12 Change Addition
12. TITLE NAME	Signeture, type-of printed name of Astered agent OFFICERS ANI P ALVAREZ, LUZ A.	t and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS	
12. TITLE NAME STREET ADDRESS	P ALVAREZ, LUZ A. 5655 SW 137 AVE. #B-1	t and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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, with all other like empowered.

SIGNATURE: