

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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M72581** (S)
1. Corporation Name:
Wear it Future Generations Sportswear, Inc.

Principal Place of Business: **8356-58 N.W. 70th Miami, FL 33166-2660**
Mailing Address: **Same.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 3/16/88	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0033223	Applied For ☐ Not Applicable ☐
23. Zip	25. Country	28. Zip	30. Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No					

9. Name and Address of Current Registered Agent

Diaz, Luisa
8356-58 N.W. 70th
Miami, FL 33166

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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		DATE	
Signature: Luisa Diaz		6/17/98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	12. NAME	
CITY-ST-ZIP		13. STREET ADDRESS	
		14. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	21. TITLE	
NAME	STREET ADDRESS	22. NAME	
CITY-ST-ZIP		23. STREET ADDRESS	
		24. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	31. TITLE	
NAME	STREET ADDRESS	32. NAME	
CITY-ST-ZIP		33. STREET ADDRESS	
		34. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	41. TITLE	
NAME	STREET ADDRESS	42. NAME	
CITY-ST-ZIP		43. STREET ADDRESS	
		44. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	51. TITLE	
NAME	STREET ADDRESS	52. NAME	
CITY-ST-ZIP		53. STREET ADDRESS	
		54. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	61. TITLE	
NAME	STREET ADDRESS	62. NAME	
CITY-ST-ZIP		63. STREET ADDRESS	
		64. CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information reported 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. I further certify that I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: **Luisa Diaz** **6/17/98** **305-592-3638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)