2004 FOR PROFIT CORPORATION ANNUAL REPORT CUMENT # P02000002562 Jul 08, 2004 08:00 AM Secretary of State

DOCUMENT # P0200 1. Enlity Name MIAMI TOP APPAREL, INC.		
Principal Place of Business	Mailing Address	
1896 NW 20TH ST MIAMI, FL 33142	1896 NW 20TH ST MIAMI, FL 33142	· -
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1896 NW 20 MIAMI, FL 3	TH ST	1896 NW 20TH ST MIAMI, FL 33142		} }	. 	IN BRING SEKIR WEEN HING ENNE WEGEN WE
DO NOT WRITE IN THIS SPACE 5. Name and Address of Current Registered Agent LEE, SANG C		CE	06302004 4. FEI Numb 01-056 5. Certificate	No Chg-P er 84545 e of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
1896 NW 20TH ST MIAMI, FL 33142		DO NOT WRITE IN THIS SPACE				
8. The above the obligat SIGNATURE.	named entity submits this statement for blions of registered agent. Signature, typed or printed name of registered agent and		<u> </u>	egistered agent, or bo	th, in the State of Flo	orida. I am (amiliar with, and accept
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Finan Trust Fund Contribution.		ncing 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D LEE, SANG C 1896 NW 20TH ST MIAMI, FL 33142	RECTORS			U0000 07/0 8/ 04	0164473 -80010-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					NOT W THIS SF	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		en de la companya de			.140 · 4	. : <u>.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with th	is filling does not qualify for the even	motion stated	in Section 110 MIN	3) Elevida Stehess	Buth on the land to large

12. 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 report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR RESIMPLED HAME OF SIGNING OFFICE OR DIRECTOR Date Date Design From #