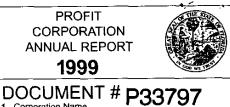
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90092 001 ***150.00

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ATLB SPORTSWEAR, INC. 1 | 1881/1881 | 1881 | 1870 | KARLANDA HARIA (BRID AND BARTA BARTA BARTA BARTA BARTA BARTA BARTA BARTA BARTA B Mailing Address Principal Place of Business 5300 NORTHWEST 165TH STREET 5300 NORTHWEST 165TH STREET HIALEAH FL 33014-6233 HIALEAH FL 33014-6233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/03/1991 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address Not Applicable 13-3453034 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible Yes Z No 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SANTO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 82 6251 NW 42ND COURT CORAL SPRINGS FL 33067 83 Zip Code City 85 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE 1.2 NAME NAME SCHNEIDER, ALLEN STREET ADDRESS 1 GLENS WEST 1.3 STREET ADDRESS **BOYNTON BEACH FL 33436** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 2.1 TITLE SANTO, JOSEPH 2.2 NAME NAME 2.3 STREET ADDRESS 6149 NW 23RD ROAD STREET ADDRESS **BOCA RATON FL 33067** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE SCHNEIDER, GREGG 3.2 NAME NAME STREET ADDRESS 6251 NW 42ND CT 3.3 STREET ADDRESS CORAL SPRINGS FL 33498 CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition ☐ DELETE 41TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE [] Change ☐ Addition TITLE 62 NAME NAME 6.3 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 distance 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 attaching with an address, with all other like empowered.

SIGNATURE:

305 670-888 0

CR2E034 (11/98)