CORF ANNU	ROFIT PORATION AL REPORT		ORIDA DEPARTME Saridra B. Mo Secretary of DIVISION OF O	ortham State					
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• '	EHAR APPAREL & DES	SIGN, INC.					18311 6 1 131 8 1 111 1	<u> </u>	#18 8:181 1811 1881
rincipal Place c	of Business	Mailing Add	dress						
5900 MIAMI LAKES DR. MIAMI LAKES FL 33014		5900 MIAMI LAKES DR. MIAMI LAKES FL 33014							
						Date Incorporated or Qua	lified 3a. [Date of Last Ro 07/19/19	995
, Principal Plac	ce of Business	2a. Mailing 26	Address		4	, FET Number 65-0433046			Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, A	\pt. #, etc.		5	. Certificate of Status Dosm	ed 🔲		Additional Required
City & State		City & S	State		6	. Election Campaign Financ Trust Fund Contribution	sing 🔲	\$5.0	May Be
 Ζιρ 	Country	Zip		Country	8	This corporation has liabilities	ity for intangib		199.032,
	25 9. Name and Address of C	29 Current Registered Aç	gent 30		l. <u>10</u>	Name and Address of I	- 		
WOLFE	1 AWDENCE LI			81 Name	Tu.	DON ZUA	2 2		
	, Lawrence H. Iami Lakes Dr.			82 Street	Address (f	2.0 Box Number is Not Acc	ceptable)	DR	
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MIAMI L	AKES FL 33014			83	-41		v.1.7=. = 1.		
MIAMI L	AKES FL 33014			83 84 City	المالا	1 LAMA	~1,=_=./ F	85 Z	Code CV
1. Pursuant to	the provisions of Sections 607	7.0502 and 607.1508. I	Florida Statutes, the	84 City	orporation	Submits this statement for the	he purpose of	ehanging its r	Code
Pursuant to or registered familiar with		of Florida. Such change	was authorized by orida Statutes.	84 City	orporation board of c	submits this statement for the breaters. Thereby accept the	he purpose of e appointmen	ehanging its r	Code Sofy egistered off.or agent. I am
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR