

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

FILED  
Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000056105 (8)**

1. Corporation Name  
**SPORTSWEAR INTERNATIONAL CORPORATION**

Principal Place of Business <b>2450 HOLLYWOOD BLVD. SUITE 202 HOLLYWOOD FL 33020</b>	Mailing Address <b>2450 HOLLYWOOD BLVD. SUITE 202 HOLLYWOOD FL 33020-6820</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/09/1993</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0509978</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

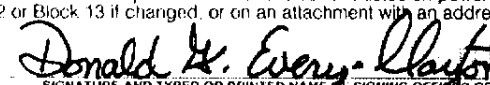
9. Name and Address of Current Registered Agent <b>CLAYTON, LISA E 2450 EVERY CLAYTON SUITE 202 HOLLYWOOD FL 33020</b>				10. Name and Address of New Registered Agent			
				81 Name <b>GOMEZ, AURORA</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2450 Hollywood Blvd. Suite 202</b>			
				83			
				84 City <b>Hollywood</b>			
				85 Zip Code <b>FL 33020</b>			

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 **Aurora Gomez**  DATE **4/3/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVERY-CLAYTON, LISA			1.2 NAME	EVERY-CLAYTON, LISA		
STREET ADDRESS	20355 N.E. 34TH COURT APT. 33180			1.3 STREET ADDRESS	20355 N.E. 34th Court Apt. 2722		
CITY - ST - ZIP	NORTH MIAMI BCH., FL			1.4 CITY - ST - ZIP	North Miami Beach, FL 33180		
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVERY-CLAYTON, DONALD			2.2 NAME	EVERY-CLAYTON, DONALD		
STREET ADDRESS	20355 N.E. 34TH COURT APT. 2722			2.3 STREET ADDRESS	20355 N.E. 34th Court Apt. 2722		
CITY - ST - ZIP	NORTH MIAMI BCH., FL			2.4 CITY - ST - ZIP	North Miami Beach, FL 33180		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	CECIARELLI, ANGELO		
STREET ADDRESS				3.3 STREET ADDRESS	20355 N.E. 34th. Court Apt. 2722		
CITY - ST - ZIP				3.4 CITY - ST - ZIP	North Miami Beach, FL 33180		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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 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.

SIGNATURE:  DATE **4/3/97** (954) 925-7715

CR2E034 (9/96)