

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000003553 (2)

1. Corporation Name
SOFTWEAR FASHIONS INTERNATIONAL, INC.



Principal Place of Business 8903 GLADES ROAD, STE. D4 SUITE 5 BOCA RATON FL 33434 US	Mailing Address 8903 GLADES ROAD, STE. D4 BOCA RATON FL 33434-4023 US	3. Date Incorporated or Qualified 01/13/1994	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 65-0353209	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NEASE, MARIAN P SUITE 801, THE PLAZA 5355 TOWN CENTER ROAD BOCA RATON FL 33486		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DELETED <input type="checkbox"/>	1.1 TITLE D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME LEE, JOSEPH		1.2 NAME LEE, JOSEPH	
STREET ADDRESS 1140 HOLLAND DRIVE, SUITE 5		1.3 STREET ADDRESS 6B 9 BOYCE ROAD,	
CITY-ST-ZIP BOCA RATON FL 33487		1.4 CITY-ST-ZIP HONG KONG	
TITLE D	DELETED <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME LEE, POON L		2.2 NAME	
STREET ADDRESS FLAT H, 11/F., TOWER ONE		2.3 STREET ADDRESS	
CITY-ST-ZIP PRIME VIEW GARDEN HO		2.4 CITY-ST-ZIP	
TITLE D	DELETED <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME CHAN, ANDY K SIU		3.2 NAME	
STREET ADDRESS 232 BLOCK 22, SAU MAU PING ESTATE		3.3 STREET ADDRESS	
CITY-ST-ZIP PRIME VIEW GARDEN HO		3.4 CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 in an attachment with an address.

SIGNATURE: _____ Date: **June 1997** Daytime Phone #: **561-832-4185**

CR2E034 (9/96)