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

DOCUMENT # P94000088534

1. Corporation Name

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90015 035 ***150.00

LINDA SPORTSWEAR, INC.							
	'						
Principal Place	e of Business	Mailing Address			a lifelifien ein lifett Mills mann menn mehrt mann		
1560 W 34 PLA	CE	1560 W 34 PLACE					
HIALEAH FL 33012 HIALEAH FL 33012					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					12/05/1994		
2. Principal Place of Business 2. 2a. Mailing Address					4. FEI Number	TA	pplied For
21/560 W 34 Hall 26 Jano					65-0541502	<u> </u>	ot Applicable
Suite, Apt. #, etc.					ئا جوندونيان الله المحمود ال	\$8.75	Additional
22					5. Certificate of Status Desired	Fee R	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 / D of Jall Gla 28					Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Ir		
24 331	[25]	29	<u> </u>		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	I Agent	
PEDROSA, LINDA M				Name			
8370 NW 166TH TERRACE				Street Adds	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33016			83				
MICH	MI 1 E 300 IU		63			-	ĺ
			84	City	FI	85 Zip	Code
	0.00	7 4500 54 1 00 1	45 b - : :				s registered
11. Pursuant to the previsions 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 belignations of, Section 607.0505, Florida Statutes.							
agent. I a	no familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes	•	ن د ه	00	į
SIGNATURE	MUMUMAL IXIU	Man Viruana	All	et elegatura raquira	ad when reinstating) DATE	7	\
12.	Signature, lyped or printed name of redistered agent		13.	it signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	PEDROSA, LINDA M		1.2 NAME				
STREET ADDRESS	COTO BRALACOTA TERRACE		1.3 STREET	ADDRESS			-
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.4 CITY-S	T-ZIP		_	
TITLE			2.1 TITLE			Change	Addition
NAME	PEDROSA, ALEXANDRA 222N		2.2 NAME				ļ
STREET ADDRESS			2.3 STREET	TADORESS			
CITY-ST-ZIP	A DESAUTE DOORS		2.4 CITY-S	IT-ZIP			
TITLE			3.1 TITLE			Change	☐ Addition
NAME	· 32N		3.2 NAME			•	Ì
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CITY-ST-ZIP	I		3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	TADDRESS			į
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	1		☐ Change	☐ Addition
NAME			5.2 NAME				ļ
STREET ADDRESS		•	5.3 STREET		•		ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP,			une e a
TITLE	•	☐ DELETE	6.1 TITLE	•		Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6,3 STREET]
CITY OT TID			6.4 CITY-ST	T-ZIP İ			1

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 of the receiver or trastee/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, with all other like empowered.

SIGNATURE: