

4-30-97 B-5869 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$551

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF Sandra B. Mor Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000065161 (8)

1. Corporation Name
BODYGEAR ACTIVEWEAR INC.



Principal Place of Business 1239 EAST LAS OLAS BLVD FT LAUDERDALE FL 33301	Mailing Address 1239 EAST LAS OLAS BLVD FT LAUDERDALE FL 33301-2331
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3. Date Incorporated or Qualified 08/22/1995	3a. Date of Last Report 08/21/1996
4. FEI Number 65-0602462	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

URQUIJO, CHRISTIAN
1239 EAST LAS OLAS BLVD
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, themed 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registration required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRADTNER, KEVIN A	1.2	
STREET ADDRESS	200 SE 12 AVE #100 109	1.3	1.3.ESS
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	1.4	
TITLE	V	2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URQUIJO, CHRISTIAN	2.2	
STREET ADDRESS	200 SE 12 AVE #100 109	2.3	2.3.ESS
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	2.4	2.4.P
TITLE		3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	
STREET ADDRESS		3.3	3.3.ESS
CITY - ST - ZIP		3.4	
TITLE		4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	
STREET ADDRESS		4.3	4.3.ESS
CITY - ST - ZIP		4.4	
TITLE		5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	
STREET ADDRESS		5.3	5.3.ESS
CITY - ST - ZIP		5.4	
TITLE		6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
STREET ADDRESS		6.3	6.3.ESS
CITY - ST - ZIP		6.4	

14. I do hereby certify that the information supplied with this filing does not qualify for the 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 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 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:

Kevin A. Stradtner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

04-25-97

Date

954)525-2525

Daytime Phone #

0259054

CR2E034 (9/96)