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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000070436 (7)

appears in Block 12 or Block 13 if changed, or on an attachmen

SIGNATURE:

UP-TIME SPORTSWEAR, INC.

Trinicipal Flace of bushiess			Maling Address					••••••••••		7118 G117 19E-	
1448 WEST 49TH STREET HALEAH FL 33012			1448 WEST 49TH STREET HIALEAH FL 33012-3219								
						3. Date Incorporated or Qualified 09/13/1995	3a. Date of Last Report 05/01/1996				
2. Principal Pace of Business			28. Maling Address			4. FEI Number			Applied For		
21			26			65-0607496	Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			City & State				<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		\$5.00 May Be Added to Fees		
Zip <b>24</b>	Coun <b>25</b>	····			untry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	9. Name and Add	ess of Current Re	gistered Agent				10. Name and Address of New Re	gistered	Agent		
MAZ	IN, JOSEPH				81	Name					
1448 WEST 49TH STREET HIALEAH FL 33012						82 Street Address (P.O. Box Number is Not Acceptable)					
					83			· · · · · · · · · · · · · · · · · · ·			
					84	City		FL	85 Zij	p Code	
11. Pursuant :	to the provisions of Se	ctions 607.0502 and	d 607 1508 Florida Sta	lutes, the a	LL bove	-named c	orporation submits this statement for the p	urnose of	changing	) its registered	
	m familiar with, and ac	cept the obligation	s of, Section 607 0505,	Florida Sta	lutes	oo.p.	oration's board of directors. I hereby accep	or in to app	Jiriti Horit e	ao registerea	
SIGNATURE	Stigmative type is on printed in a	rk of regelesed agent and	title diapplicable (A	vOTE: Registere	d Ager	nt signature re	equired when reinstating)	DATE	<del> </del>		
12.		OFFICERS AND DI		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	OR\$ IN 12	
TITLE	PD		DELETE	111	ITLE				☐ Change	e Addition	
NAME	Mazin, Joseph			1.2 N	IAME						
STREET ADDRESS	3400 CARLTON LA	ANE		135	TREET	ADDRESS					
CHTY - ST - ZIP	DAVIE FL 33330			14 C	IIY-ST	-ZIP					
THTLE	STD		DELETE	DELETE 21 TITLE					Change	e 🔲 Addition	
NAME	MAZIN, MARK D			2 2 N	IAME	- 1		•			
STREET ADDRESS	13010 SW 96TH A	IVENUE		235	TREET	address					
CITY - ST - 7IP	MIAMI FL 33176			2.40	CITY - S	T-ZIP					
THLE			☐ DEFELE	3111	ITLE				Change	e Addition	
NAME				32 N	IAME						
STREET ADDRESS				33\$	TREET	ADDRESS					
City - ST - ZiP					CITY - S	T-ZIP	·		<del></del>		
TITLE			L DELETE	4 1 TI		- 1			L Change	e L Addition	
NAME				4.21							
STREET ADDRESS				4.3 S	TREET	ADDAESS					
CiTY+S*-ZiP					ITY-ST	- ZIP					
TELE			DELETE	5.1 11					∐ Change	e 🔲 Addition	
NAME				52N							
STREET ADDRESS				- 6		ADDRESS					
CHY-ST-ZIP		· ·····	, p.		ITY-ST	- ZIP					
TITLE			DELETE	6 1 Ti					☐ Change	e 🔲 Addition	
NAME				62 N							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIF				64C	ITY-ST	- ZIP					
<b>14.</b> I do heret	by certify that the inform	riation supplied wit	h this feing does not qu	alify for the	exer	nption sta	ited in Section 119.07(3)(i), Florida Statute	s. I further	certify th	at 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