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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State • DIVISION OF CORPORATIONS

1997

STREET ADDRESS

14. I do hereby certify that the infoly information indicated on this and I am an officer or director of the appears in Block 12 or Block 13

SIGNATURE:

CDY-\$1-245

DOCUMENT # P9600001078 (0)

NIIKI SOFTWEAR, INC.

Principal Place of Business Mailing Address 1675 WEST 32 PLACE 1675 WEST 32 PLACE HIALEAH FL 33012 HIALEAH FL 33012-4509 3a. Date of Last Report 3. Date incorporated or Qualified 01/04/1996 2. Principal Flace of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Name 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 Zip Code 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. Lam fam har with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, type for printed name of registere Lagert and the Blapplicable INOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE MASH, STEPHEN T NAME 1.2 NAME 1875 WEST 32 PLACE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 CHA-SI-ZII 1.4 CITY - ST- ZIP PRESIDENT, S STD □ DELETE Change Tille 21 TITLE LEVIE, GLENN NAME 2.2 NAME **1675 WEST 32 PLACE** STREET ACORESS 2.3 STREET ADDRESS HIALEAH FL 33012 2. 4 CITY - ST - ZIP City-St. ZiP DELETE ___ Change Addition THE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP CHY-ST-ZP DELETE Change Addition 4.1 TITLE 4 2 NAME MALAF STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST 20. DELETE 5.1 TITLE Change Addition THUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-Zif 54 CITY-ST-ZIP TO DELETE DILE 61 TITLE ☐ Change Addition 62 NAME

63 STREET ADDRESS

ipplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the rt or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that for or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and, or on an attachment with an address.

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