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

PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000009916 (3)

LITTLE KARINA CHILDREN WEAR, INC.

Principal Place of Business Mailing Address C/O JOSE TORRES CPA 2400 N.W. 20TH STREET MIAMI FL 33142 18021 NW 41 PL DO NOT WRITE IN THIS SPACE MIAMI FL 33055 3, Date Incorporated or Qualified 01/31/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0669524 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Country Zip Country Z_{1D} 8. This corporation owes or has paid the current year Intangible Yes Yes □ No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GUTIERREZ. JAMIE** 9858 SW 2 ST Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33174** 83 Zip Code 84 City 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 Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 11116 TITLE **GUTIERREZ, JAIME** NAME 1.2 NAME 9858 S.W. 2ND ST. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33174** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELFTE TITLE 2.1 THILE **GUTIERREZ, ILEANA** 2.2 NAME NAME 9858 S.W. 2ND ST. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33174** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Change DELFTE 4.1 TITLE Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

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 of 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 recover or trusted empowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST- ZIP

61 TITLE

6.2 NAME

DELETE

Addition

FILED

Apr 14 1998 8:00am

Secretary of State