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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000036673 (7)

YNS SPORTSWEAR, INC.

FILED Feb 27 1998 8:00am Secretary of State



						<u> </u>			
Principal Place of Business Mailing Address							1010 81110 91111 101		
2400 SW 127TH CT. 2400 SW 127TH CT.									
MIAMI FL 33	175	MIAMI FL 33175				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						04/29/1996			
2. Principal P	lace of Business	2a. Mailing Address	26. Mailing Address			4. FEI Number	Ar	oplied For	
21		26				65-0661689		ot Applicable	
Suite, Apt.	#, etc.	 	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75		
22 City & Chat			City & Ctolo					equired	
City & State	6	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
23 Zip	Country	7ip Country							
24	25			8. This corporation owes or has paid the current fear Intangible Personal Property Tax due June 30. Yes No					
<u> </u>	9. Name and Address of Currer	_	1901	1		10. Name and Address of New Registered			
TD	IANA, MARIA		·····	81	Name		. 		
2400 SW 127TH CT.				20 Control of the Control of New Association					
	AMI FL 33175			82 Street Add		ress (P.O. Box Number is Not Acceptable)			
MIN	AMI 1 L 33173			83				4 !	
				84	City	Ğ ≓I	85 2 41	Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	tutes, the a	bove	-named cor	poration submits this statement for the purpose	of changing i	ts registered	
office or r	egistered agent, or both, in the State on familiar with, and accept the oblig	⊱of Florida. Such change wa	s authoriza	d hv	the coroora	ation's board of directors. I hereby accept the ar	pointment as	registered	
_	or larmar with and accept the only	, 00000 to 100 to 10000	1 101104 014	.0.00	•	CC)	"		
SIGNATURE	Signature, typed or printed name of registered age	ent and little if applicable (N	IOTE Registere	d Ager	nt signature requ	rired when reinstating) DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12	
TITLE	D	☐ DELETE	1.1 1	TLE		-	☐ Change	Addition	
NAME			1.2 N	1.2 NAME		رابيغ.	C.€		
STREET ADDRESS	2200 SW 129TH AVE.		1.3 STREE		ADDRESS	an and a second	"]		
CITY-ST-ZIP			1.4 CITY-ST-ZIP				<u>ر</u>		
TITLE	D	☐ DELETE	E 21 TITL				☐ Change	☐ Addition	
NAME			22 NAME						
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CITY-ST-ZIP			2.40	2.4 CITY-ST-ZIP					
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CITY-ST-ZIP			CITY-S	1-ZIP					
TITLE	ı	☐ DELETE 4.9		4.1 TITLE			Change	Addition	
NAME			4.21	IAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP				11Y-S1	T-ŽIP				
TITLE		☐ DELETE	5.1 T				Change	Addition	
HAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET.	ADDRESS				
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TITLE		☐ DELETE	6.1 T	ITLE			Change	☐ Addition	
NAME			: 6.2 N	AME					
STREET ADDRESS			63S	TREET	ADDRESS				
CITY-ST-ZIP				ITY-\$1					
14. I hereby e	certify that the information supplied v	vith this filing does not qualify	y for the ex-	empt	tion stated in	n Section 119.07(3)(i), Florida Statutes. I further a	certify that the	information at I am an	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t), Florida Statutes. Further certify that it is 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jana Truore

Secretary 2-18-98