FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Mar 18 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000060730 (4) **DOCUMENT #** CUSTOM CREATIONS SPORTSWEAR, INC. Principal Place of Business Mailing Address 15801 BERWICK WAY 15801 BERWICK WAY MIAM! FL 33014 MIAMI FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1996 2. Principal Place of Business Mailing Address Applied For 2545heet 174 w, 25th street 174 West 26 65-0690226 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Haleah Haleah Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 33010 30 33010 Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AJWANI, MINAR HINAR HOWA NI 15801 BERWICK WAY Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33014** 83 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 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 year, and accept the obligations of, Section 607.0505, Florida Statutes. HINAR god or printed name of regestered agrin and fills of applicable march 11,1998 SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1 1 TITLE AJWANI, MINAR NAME 1.2 NAME STREET ADORESS 15801 BERWICK WAY 1.3 STREET ADDRESS MIAMI FL 33014 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SY-ZIP 5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

7

STREET ADDRESS

DELETE

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

malch n, rear

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 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 a attachment with an address. 283-4638

Change

Addition