

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

FILED
Aug 04 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000075085
1. Corporation Name

NITE OUTFITTERS CORPORATION

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|--|--|
| Principal Place of Business 1556 S. DIXIE HWY. CORAL GABLES, FL. 33146 | Mailing Address 1556 S. DIXIE HWY CORAL GABLES, FL. 33146 |
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|---|--|
| 2. Principal Place of Business 21 1556 S. DIXIE HWY Suite, Apt. #, etc. 22 City & State 23 CORAL GABLES, FL. 24 Zip 33146 Country 25 U.S.A. | 2a. Mailing Address 26 1556 S. DIXIE HWY Suite, Apt. #, etc. 27 City & State 28 CORAL GABLES, FL. 29 Zip 33146 Country 30 U.S.A. |
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|--|--------------------------------|
| 3. Date Incorporated or Qualified 2/9/97 | 3a. Date of Last Report |
| 4. FEI Number 65-0692486 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

BRUCE NEWMAN C.P.A.
9595 N. KENDALL DRIVE
MIAMI, FLORIDA 33

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name BRUCE NEWMAN C.P.A. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 9595 N. KENDALL DRIVE |
| 83 |
| 84 City MIAMI |
| 85 Zip Code 331 |

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT WINSTON SCOTT ALVAREZ 9100 SW 115 TERRACE MIAMI, FL. 33176 | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|---|
| 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/97 305 663-5515
Date Daytime Phone #

CR2E034 (9/96)