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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079416 (9)

HAPPY KIDS CHILDRENWEAR, INC.

FILED Apr 30 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address 10112 SW AND STREET MIAMUPL 33174-1894	•••					
THE STATE OF THE S	·			3. Date Incorporated or Qualified 09/25/1996	3a. Date	of Last R	report
2. Principal Place of Business 21 2266 N.W. 205¢	28. Mailing Address 26. 2266 N.1	w. 205	七.	4. FEL Number 07003	582	<u></u>	oplied For of Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
23 Miami, FL.	City & State 28 Mi amu	FL.		Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip* Country 24 33/42 25	29 33142	Country 30	d 7 al 10 a		Yes 🔲	No	. 199.032,
9, Name and Address of Curren	t Hegistered Agent	B1 Nar		10. Name and Address of New Re	gistered Age	ent	
TORRES, JOSE G		BI WAI	ne				
10821 NW 41ST PLACE Miami FL 33055		82 Stre	et Addre	ess (P.O. Box Number is Not Acceptab	lo)		
		83					
		84 City	,		FL	B5 Zip	Code
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliging	of Florida, Such change was a	authorized by the d	ied corpo corporatio	oration submits this statement for the p on's board of directors. I hereby accep	urpose of ch of the appoin	anging it Iment as	is registered registered
SIGNATURE							
Signature, typed or printed name of registered age 12. OFFICERS ANI	D DIDECTORS	E Registered Agent sign:	ature require	a when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND D	BECTOE	2S INI 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE COPPLICATION OFFICENCY AND OFFICEN	Opdor DELETE	13. THUE	<u>-</u>	ADDITIONS/OFFANGES TO OFFIC		Change	Addition
NAME AUTS	unacc =	1.2 NAME			-		
STREET ADDRESS POLIZ SW 2	street	1.3 STHEET ADDRE	ss				
CITY-ST-ZIP MIAMI. FL	35 <i>174</i>	1.4 CITY- \$1 - 7IP	İ				
TITLE	DELETE	2.1 TITLE				Change	Addition
NAME		2.2 NAME					ĺ
STREET ADDRESS		2.3 STREET ADDRE	ss				
CITY-ST-ZIP		2. 4 C(1Y - S1 - Z(P					
TITLE	☐ DELETE	3.1 TITLE				Change	Addition
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRE	ss (
C(TY-ST-ZIP		3 4. CITY - ST - ZIP					
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CITY-ST-ZIP	Florier	4.4 CITY - ST - 7/P				Channa	
TITLE	DELETE	5.1 TITLE			L	Change	☐ Addition
NAME		5.2 NAME					-
STREET ADDRESS		5 3 STREET ADDRE	SS				1
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TITLE	☐ DELETE	6.1 TITLE			L.	J Change	Addition
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADORE	SS				
Offy-St-ZiP 14. I do hereby certify that the information supplies	d with this filles does not a rate	6.4 CITY - ST- ZIP	L clotes	in Coation 110 07(2)(i) Florida Ct-1 to	h 1 6 mellon	welder the ex	the

I have a more information supplied with this time over not quality for the exemption stated in section 119.07(3)(), Florida Statutes. 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 eath; 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 changes, or on an attachment with an address.