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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000079416 (9)

HAPPY KIDS CHILDRENWEAR, INC.

P	rincipal Place of Busines	20	Mailing A	Adrace	<u>.                                    </u>			
2266 NW 20TH ST MIAMI FL 33142 US			2266 NW 20TH ST MIAMI FL 33142 US				DO NOT WRITE IN THIS SI	PACE
							<ol> <li>Date incorporated or Qualified</li> <li>09/25/1996</li> </ol>	
2	Principal Place of Business		2a. Mailin	2a. Mailing Address			4. FEI Number	Applied For
21			26				65-0700582	Not Applicable
22	Suite, Apt. #, etc.		Suite,	Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State		City 8	State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	Country 25	Zip 29	30	Country	,	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
TORRES, JOSE G					81	Name		
10821 NW 41ST PLACE MIAMI FL 33055						Street Address (P.O. Box Number is Not Acceptable)		
					83			
					84	City	FL	85 Zip Code

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 the if applicable	(NOTE: Registered Agent signature	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP DELE		Change Addition
NAME	HERNANDEZ, LUIS F	1.2 NAME	
STREET ADDRESS	10112 SW 2ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELE		☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	DELE	TE 3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS	•	3.3 STREET ADDRESS	
CITY-ST-21P		3.4. CITY-ST-ZIP	
TOLE	DELE	TE 4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELE	TE 5.1 YITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELE		☐ Change ☐ Addition
NAME		6.2 NAME	'
STREET ADDRESS		6.3 STREET ADDRESS	

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 supplymental 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 of the receiver of 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 or an attaching all with an address.

EL CHIEFTI

4/30/18 633-212/

**FILED** 

May 11 1998 8:00am

Secretary of State