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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000081646 (7)

WEAR-IT, INC.

FILED
May 13 1998 8:00am
Secretary of State

4-25-98 305-997-7508

Principal Place of Business Mailing Address										
735 BENEVENTO AVENUE 735 BENEVENTO AVENUE										
CORAL GABLES FL 33146				CORAL GABLES FL 33146						DO NOT WRITE IN THIS SPACE
										3. Date Incorporated or Qualified
										10/02/1996
2. Principal Place of Business				2a. Mailing Address					···········	4. FEI Number Applied For
21			26	26 WEAR-TT IN				ر		65-0717277 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10		5. Certificate of Status Desired \$8.75 Additional
22				27 PO BOX 1448				\Box	<u></u>	Fee Required
City & State				City & State				,	1	6. Election Campaign Financing \$5.00 May Be
23		T-5-:	28	<u> </u>	<u> </u>	<u>NV</u>	S.,,	r		Trust Fund Contribution L Added to Fees
Zip		Country		32 114	; -		ountry	•		This corporation owes or has paid the current year Intangible
24	A Name	25 	29	7711]3	0	ယှန	1		Personal Property Tax due June 30. Yes No
		e and Address of Curr	our noon	stered Agent			81	I N	ame	10. Name and Address of New Registered Agent
	KAGMAN, J									
	5 BENEVE						82	2 Street Address (P.O. Box Number is Not Acceptable)		
, a	JHAL GADI	LES FL 33146					B3			anatom , and the same and the s
							84	С	ity	FL 85 Zip Code
44 Purguent	to the provide	eione of Spetials: 607.6	(402 and 6	607 1509 Floris	to Ctatutos	tho	1 1		med corp	poration submits this statement for the purpose of changing its registered
office or r	egistered a	gent, or both, in the Sta	ite of Flori	ida. Such chan	ge was au	thoriz	ed by	/ the	corporati	tion's board of directors. I hereby accept the appointment as registered
agent. 1 a	m tam iliar w	vith, and accept the ob-	ligations c	of, Section 607,	0505, Flori	da St	atutes	S.		
SIGNATURE	Signature by	d or printed harne of registered	nover and till	lu et pensile ubile	/NOTE:	Booisto	red Age	ant eis	nalitte require	red when reinslating) DATE
12.	Signature, types	OFFICERS /		 	(NOTE	13		3511 1513	griatore require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DE	LETE		TITLE		T	Change Addition
NAME	BRAGN	MAN, JON				1.2	NAME		ŀ	
STREET ADORESS	735 BE	NEVENTO AVENUE				1.3	STREET	ADD	RESS	
CITY-ST-ZIP	CORAL	GABLES FL 33146				1.4	CITY-S	if - ZII	,]	
TITLE				DE	LETE		TITLE			Change Addition
NAME						2.2	NAME			
STREET ADDRESS						2.3	STREET	ADD	RESS	
CITY-ST-ZIP						2.4	CITY-S	ST - Z1	Р	
TITLE				☐ DE	LETE	3.1	TITLE			Change Addition
NAME						3.2	NAME			
STREET ADDRESS						3.3	STREET	ADD	RESS	
CITY-ST-ZIP						3 4.	CITY-S	ST - Z I	Р	
TITLE				☐ DE	LETE	4.1	TITLE			Change Addition
NAME						4.2	NAME			
STREET ADDRESS						4.3	STREET	ADD	RESS	
CITY-\$T-ZIP						4.4	CITY - S1	T-ZII	,	
TITLE				☐ DE	LETE	5.1	TITLE			Change Addition
NAME						5.2	NAME			
STREET ADDRESS						5.3	STREET.	ADD	RESS	
CITY-ST-ZIP						54	CITY-SI	I - ZI	>	
TITLE				☐ DE	LETE	61	TITLE			☐ Change ☐ Addition
NAME						6.2	NAMÉ			
STREET ADDRESS						6.3	STREET	ADD	RESS	
CITY-ST-ZIP				<u></u>			CITY-S1			
14. I hereby o	certify that the	ne information supplied ual report or supplieme	with this	thing does not al report is true	qualify for	the ex	xempt	tion	stated in t	Section 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath; that I am an
officer or	director of t	he corporation or the m	eceiver or	trustee empow	vered to ex	recute	this r	rep	ort as requ	uired by Chapter 607, Florida Statutes; and that my name appears in
BIOCK 12	OF DIOCK 13	ii changed, jot o n an a'	uacnment -	, with an addres	88.					_