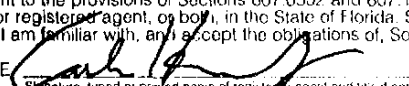
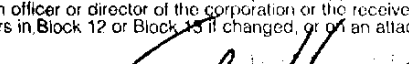


4-25-97 B-5422 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000100896 (5) 1. Corporation Name KILLER INSTINCT SPORTSWEAR, INC.					
Principal Place of Business 231 N.W. 207 AVENUE PEMBROKE PINES FL 33029			Mailing Address 231 N.W. 207 AVENUE PEMBROKE PINES FL 33029-3502		
2. Principal Place of Business 21 250 W. 61 Street Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 820098 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 12/13/1996	
City & State 23 Hialeah, FL Zip 24 33012		City & State 28 South Florida, FL Zip 29 33082		3a. Date of Last Report 12/13/1996	
Country 25 U.S		Country 30 U.S		4. FEI Number 65-0721393	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐				\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No					
9. Name and Address of Current Registered Agent HERNANDEZ, CARLOS 231 N.W. 207 AVENUE PEMBROKE PINES FL 33029			10. Name and Address of New Registered Agent		
			81 Name Hernandez, Carlos		
			82 Street Address (P.O. Box Number is Not Acceptable) 250 W. 61 St.		
			83		
			84 City Hialeah		
			85 Zip Code FL 33012		
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  CARLOS HERNANDEZ 4/20/97 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE NAME D HERNANDEZ, CARLOS STREET ADDRESS 231 N.W. 207 AVENUE CITY-ST-ZIP PEMBROKE PINES FL 33029			1.1 TITLE ☒ Change ☐ Addition 1.2 NAME Hernandez, Carlos 1.3 STREET ADDRESS 250 W. 61 St. 1.4 CITY-ST-ZIP Hialeah, FL 33012		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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:  CARLOS HERNANDEZ 4/20/97 (305) 825-2292					



CR2E034 (9/96)