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

CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

PROFIT FLORIDA DEPARTMENT OF STATE **Katherine Harris**

FILED

03-01-1999 90012 039 ***150.00

000	CUMENT	Γ#	P9700	00005	780
_					

1. Corporation Name

MAMA PRINT WEAR, INC.

Principal Place of Business 6708 BERET DRIVE

ORLANDO FL 32809

Mailing Address

6708 BERET DRIVE ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					01/21/1997			
2. Principal P	lace of Business #10	2a. Mailing Address			4. FEI Number			Applied For
	W. LANCASTER-RO	26			59-3421817			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		+	5 Additional Required
City & Stat		City & State			6. Election Campaign Financing		\$51	00∡Mav.Be
		28			Trust Fund Contribution			ed to Fees
23 328 Zip	Country	Zip	Country		g. This corporation owes the curr	ent vear Inta	naible	
24	25	29 30	¬ ·		Personal Property Tax.	···· , · · · · · · · · · · · · · · · ·	∐Yes	□No
24	9 Name and Address of Current		<u>- 1</u>		10. Name and Address of New F	Registered A	gent	
	g, Hame and Jacobs of Carren		81	Name				
RASHID, MAMUNUR								
	BERET DRIVE		82	82 Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32809			83	83				
VIII.						_		
			84	City		FL	85 2	Zip Code
·····-	to the provisions of Sections 607.0502		<u> </u>	L	this this statement for the		hanaine	ite registered
SIGNATURE	Signature, typed or printed name of registered agent			nt signature require	od when reinstating)	DATE		TOBE IN 42
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	Char	
TITLE	PSD		1.1 TITLE					,go
NAME	RASHID, HARUNUR		1.2 NAME					
STREET ADDRESS	(FADDRESS				
CITY-ST-ZIP	ORLANDO FL 32809		1.4 CITY-S	T-ZIP		_	☐ Char	nge
TITLE	VTD	☐ DELETE	2.1 TITLE				∟ citar	iãe 🗆 vàqui
NAME	RASHID, MAMUNUR		2.2 NAME					
STREET ADDRESS			2.3 STREET	T ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32809		2. 4 CITY-S	T-ZIP			["] Ch	ngo 🗆 Addisi
TITLE		☐ DELETE	3.1 TITLE				Char	nge 🗌 Additid
NAME			3.2 NAME					
STREET ADDRESS	; · .		3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Char	nge 🗌 Additi
NAME	1		4.2 NAME	1				
STREET ADDRESS	s		4.3 STREE	T ADDRESS				
CITY ST. 710			44 CITY-S	T-7IP				

CITY-ST-ZIP 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 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

DELETE

☐ DELETE

☐ Addition

☐ Addition

☐ Change

Change