

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P97000027904  
1. Corporation Name

U&I APPARELS, INC.

Principal Place of Business: 100-A NE 3rd St.  
HALLANDALE FL 33009  
Mailing Address: 100-A NE 3rd St.  
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

|                                |  |                       |  |                                                                                                     |  |
|--------------------------------|--|-----------------------|--|-----------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified                                                                   |  |
| 21 Suite, Apt #, etc.          |  | 26 Suite, Apt #, etc. |  | 3-27-97                                                                                             |  |
| 22 City & State                |  | 27 City & State       |  | 4. FEI Number                                                                                       |  |
| 23 Zip                         |  | 28 Zip                |  | 65-0759033                                                                                          |  |
| 24 Country                     |  | 30 Country            |  | 5. Certificate of Status Desired                                                                    |  |
|                                |  |                       |  | <input type="checkbox"/> \$8.75 Additional Fee Required                                             |  |
|                                |  |                       |  | 6. Election Campaign Financing                                                                      |  |
|                                |  |                       |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                                                |  |
|                                |  |                       |  | 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. |  |
|                                |  |                       |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 |  |

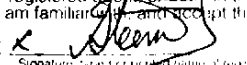
9. Name and Address of Current Registered Agent

RONALD N. ROSENWASSER, ESQ  
5355 TOWN CENTER ROAD, SUITE 80  
BOCA RATON, FL 33486

10. Name and Address of New Registered Agent

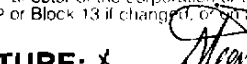
81 Name ALEEM JELANI  
82 Street Address (P.O. Box Number is Not Acceptable)  
100-A NE 3rd St.  
83  
84 City HALLANDALE FL 85 Zip Code 33009

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:  ALEEM JELANI, VICE PRESIDENT 3-28-98  
(NOTE: Registered Agent's signature required when re-stating) DATE

|                            |                      |                                                       |                                                                   |
|----------------------------|----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| TITLE                      | PP SOHAIL H. KHAN    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 100A NE 3rd St.      | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | HALLANDALE, FL 33009 | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                      | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VP ALEEM JELANI      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 100-A NE 3rd St.     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | HALLANDALE, FL 33009 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                      | 6.4 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 registered 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 is current with an address.

SIGNATURE:  ALEEM JELANI, V.R. 3-28-98 954-967-9005 954-797-9349

CR2E034 (10/97)