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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000034963 (3) DOCUMENT #

HAPPY FASHION SPORTSWEAR CORP.

9820 N.W. 80TH AVE. BAY 6P 9820 N.W. BOTH AVE. BAY 6P HIALEAH FL 33016 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intergible Personal Property Tax due June 30. Yes 30 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SIEZA, NORA M 9820 N.W. 80TH AVE. BAY 6P 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33016 83 84 City 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 Londa. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

(NOTE Registered Agent's gradure required when reinstating) (10/97)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE 11 THLE THILE PUEBLA, JESUS 12 NAME NAME **CR2E034** 9820 N.W. 80TH AVE. BAY 6P 1 3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP 1 4 CITY - ST - ZIP DELETE Addition 1111.6 2 1 TIFLE Change **GUINONES, FRANCISCO** 2.2 NAME NAME 9820 N.W. 80TH AVE. BAY 6P 2 3 STREET ADDRESS STREET ADORESS HIALEAH FL 33016 CITY-ST 20 2 4 CITY - S1 - ZIP DELETE TITLE 3.1 HILE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Add-tion Title 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP \_\_\_ DELETE Change Addition TILLE 5.1 TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS DITY-ST ZIP 54 CITY - ST - ZIP DELETE Change Addition THLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CHY: \$1-2IP

14. Thereby 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

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**FILED** 

Apr 23 1998 8:00am

Secretary of State