FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # P9700056742 1. Entity Name 05-15-2001 90016 008 ***150.00 MIAMI APPAREL DISTRIBUTORS, INC. Principal Place of Business Mailing Address 4230 NW 128 STREET 4230 NW 128 STREET 034042 OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number _City_& State City & State 65-0763381 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOUGHERTY, KRIS I Street Address (P.O. Box Number is Not Acceptable) 3245 NE 184TH ST., #13307 **AVENTURA FL 33160** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TREASUREIL/SECRETARI Change ☐ Addition 平 ST ☐ Delete TITLE TITLE NAME DOUGHERTY, KRIS I STREET ADDRESS STREET ADDRESS **4230 NW 128 STREET** CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33054 Addition ☐ Delete TITE F TITLE CE₀ RAND, ROGER J NAME NAME STREET ADDRESS STREET ADDRESS 4230 NW 128 STREET CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Change Addition Delete THILE TITLE ST-NAME NAME WOLF, RICHARD B STREET ADDRESS STREET ADDRESS 4230 NW 128 STREET CITY-ST-ZIP CITY-ST-ZIP OPA-LOCKA-FL 33054 Addition ☐ Change TITLE Delete ZARBATANY, STEVEN TITLE HRESIDENT NAME NAME ARBATANU 230 N.W. 128ST STREET ADDRESS STREET ADDRESS 4230 N.W. V128 S CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-7IP

NAME

STREET ADDRESS CITY-ST-ZIP

CR2E034 (10/00)