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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000063291 (3) DOCUMENT

CLASSIC TRADITIONS SPORTSWEAR, INC.

Mailing Address

FILED Mar 23 1998 8:00am Secretary of State



Principal Place of Business 7852 NW 189TH ST. 7852 NW 189TH ST. MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1997 2. Principal Place of Business 28. Mailing Address FEI Number Applied For Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Zip Country Zip Country **☑**No Personal Property Tax due June 30. Yes Yes 30 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HORTON, WANDA 7852 NW 189TH ST. Street Address (P.O. Box Number is Not Acceptable) **MIAM! FL 33015** City 84 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 Signature, typind or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE THILE 1 1 TITLE HORTON, WANDA NAME 1.2 NAME 7852 NW 189TH ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33015** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE WYNN, DWAYNE 2 2 NAME NAME 566 N. BISCAYNE RIVER DR. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33169** 2.4 CITY-ST-ZIP CITY-ST-ZIP ... Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6 2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 suppliemental 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 cha

SIGNATURE: