

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

FILED  
Aug 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000072646 (7)**

1. Corporation Name  
**MUNSINGWEAR, INC.**

Principal Place of Business  
**7495 NORTHWEST 48TH STREET  
MIAMI FL 33166**

Mailing Address  
**7495 NORTHWEST 48TH STREET  
MIAMI FL 33166**



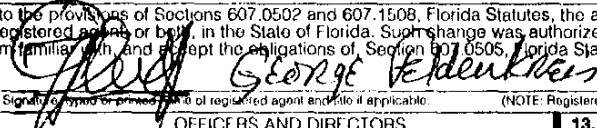
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>3000 N.W. 107th AVE</b>	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>MIAMI FL</b>	28 <b>MIAMI FL</b>
24 <b>3317V</b> Country <b>DADE</b>	29 <b>3317V</b> Country <b>DADE</b>

3. Date Incorporated or Qualified <b>08/20/1997</b>	
4. FEI Number <b>65-0780795</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>B &amp; C CORPORATE SERVICES, INC. MIAMI CENTER, 201 SOUTH BISCAYNE BLVD SUITE 3000 MIAMI FL 33131</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 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 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  **George Feldenkreis** DATE **6/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDENKREIS, OSCAR</b>	1.2 NAME	
STREET ADDRESS	<b>7495 NORTHWEST 48TH STREET</b>	1.3 STREET ADDRESS	<b>3000 NW 107th AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 3317V</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDENKREIS, GEORGE</b>	2.2 NAME	
STREET ADDRESS	<b>7495 NORTHWEST 48TH STREET</b>	2.3 STREET ADDRESS	<b>3000 NW 107th AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 3317V</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNN, RICHARD L</b>	3.2 NAME	
STREET ADDRESS	<b>7495 NORTHWEST 48TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>800002623408</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-08/24/98--01085--033</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***150.00</b>
TITLE	<input type="checkbox"/> DELETE	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 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.

SIGNATURE:  **George Feldenkreis** **6/30/98**

CR2E034 (10/97)