

F&E NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name	997000094236 LI APPAREL GROUP, INC.
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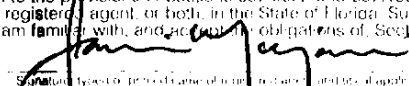
Principal Place of Business	Mailing Address
10983 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065	POST OFFICE BOX 17866 PLANTATION, FL 33318

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1997	
21 Suite, Apt. #, etc.	26	4. FEI Number 65-0797381		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

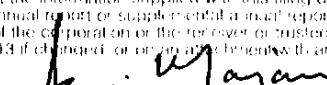
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERICA LAWYER 343 ALMERIA AVE. CORAL GABLES, FL 33318				81 Name	JAVIER MANJARRES		
				82 Street Address (P.O. Box Number is Not Acceptable)	10983 ROYAL PALM BLVD.		
				83			
				84 City	85 Zip Code	CORAL SPRINGS FL 33318	

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:  **PRESIDENT** DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CEO	JAVIER MANJARRES	10983 ROYAL PALM BLVD.	CORAL SPRINGS FL 33065				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	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 addition beneath the address.

SIGNATURE:  **JAVIER MANJARRES** **3 JUN 98** **954-345-3804**

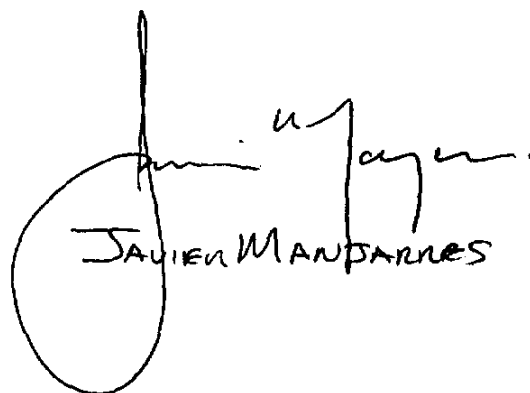
CR2E034 (10/97)

3 JUN 98

TO WHOM IT MAY CONCERN,

WE NEVER RECEIVED OUR ANNUAL FILING FORM.

I TOOK IT UPON MYSELF TO CALL AND PLACE AN
ORDER ^{FOR} A FORM.


JAVIER MANPARNES