

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000006856

1. Corporation Name

FIL A FIL SHIRTMAKERS, INC.

Principal Place of Business

800 EAST BROWARD BLVD. #301
FORT LAUDERDALE FL 33301

Mailing Address

800 EAST BROWARD BLVD. #301
FORT LAUDERDALE FL 33301

2. Principal Place of Business

21 2818 NW 112 AVE.

Suite, Apt. #, etc.

22

City & State

23 MIAMI

Zip

24 33172

Country

25

2a. Mailing Address

26 2818 NW 112 AVE

Suite, Apt. #, etc.

27

City & State

28 MIAMI

Zip

29 33172

Country

30

9. Name and Address of Current Registered Agent

ORTEGA, ALVARO
800 EAST BROWARD BLVD. #301
FORT LAUDERDALE FL 33301

81 Name

ORTEGA, ALVARO

82 Street Address (P.O. Box Number is Not Acceptable)

83

2818 NW 112 AVE

84 City

MIAMI

FL

85

Zip Code

33172

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, 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

ALVARO ORTEGA

Signature, typed or printed name of registered agent and title, if applicable.

(None) Registered Agent signature required when not filing.

Feb. 10/99

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D
NAME ORTEGA, ALVARO
STREET ADDRESS 800 EAST BROWARD BLVD. #301
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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TITLE [] DELETE

NAME [] DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

D ORTEGA, ALVARO

12 NAME 2818 NW 112 AVE

13 STREET ADDRESS MIAMI, FL 33172

14 CITY-ST-ZIP [] Change [] Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

200002796782-5

03/05/99-01120-011

****150.00 ****150.00

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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, with all other like empowered

SIGNATURE: ALVARO ORTEGA

Signature, typed or printed name of signing officer or director

Feb. 10/99 305-5910145

Date Daytime Phone #

0280035

CR2E034 (11/98)