

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90007 045 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000062615  
 1. Corporation Name

GILDAN ACTIVEWEAR MIAMI, INC.



Principal Place of Business: 3400B NW 74TH AVENUE MIAMI FL 33122  
 Mailing Address: 3400B NW 74TH AVENUE MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1998  
 4. FEI Number: 65-0852928 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEDER, NATHAN I  
 5200 BLUE LAGOON DRIVE SUITE 600  
 MIAMI FL 33126

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City: FL 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
 NAME: LEDER, NATHAN I  
 STREET ADDRESS: 5200 BLUE LAGOON DRIVE SUITE 600  
 CITY-ST-ZIP: MIAMI FL 33126  
 [DELETED]

1.1 TITLE: C/D  
 1.2 NAME: H. GREGORY CHAMANDY  
 1.3 STREET ADDRESS: 6000 DEACON, Apt B-1  
 1.4 CITY-ST-ZIP: Montreal, Quebec H3S 2P3  
 2.1 TITLE: P  
 2.2 NAME: GLENN J. CHAMANDY  
 2.3 STREET ADDRESS: 2140 SUNSET ROAD  
 2.4 CITY-ST-ZIP: T.M.R., Quebec H3R 2Y6  
 3.1 TITLE: V  
 3.2 NAME: Edwin B. TISCH  
 3.3 STREET ADDRESS: 69 GLENMORE ROAD  
 3.4 CITY-ST-ZIP: HAMPSTEAD, QUEBEC H3X 3N1  
 4.1 TITLE: V  
 4.2 NAME: LAURENCE G. SELLYN  
 4.3 STREET ADDRESS: 6077 VICTORIA  
 4.4 CITY-ST-ZIP: HUDSON JOP 1 JO QUEBEC  
 5.1 TITLE: S  
 5.2 NAME: SHIRLEY CHAMANDY  
 5.3 STREET ADDRESS: 5955 WILKINSON, Apt - 4F  
 5.4 CITY-ST-ZIP: MONTREAL, QC H3S 2N1  
 6.1 TITLE: T  
 6.2 NAME: DANIELE BOISMENU  
 6.3 STREET ADDRESS: 746 PAUL - GAUGUIN  
 6.4 CITY-ST-ZIP: LAVAL, QUEBEC H7X 3L5

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: [Signature] DATE: July 20, 1999 DAYTIME PHONE #: 514-735-2023

CR2E034 (5/99)