200 UNIFORM BUSINESS REPORT (UBR) FILED May 30, 2001 8:00 am Secretary of State **DOCUMENT #** JA80000086948 1. Entity Name sution Sen rices, and 05-30-2001 90028 018 ***150.00 Principal Place of Business Mailing Address 2315 nw 07 BHE th Preun A0071331 2. Principal Place of Business 3. Mailing Address 3155 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NC TE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 . This corporation is eligible to satisfy its Intangible Agric May 1, 200 Fee will be \$550.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change Addition MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _IIIL£ ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete nn e Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP C Delete TITLE TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under dath; that I am an officer or director of the corporation or the receiver or trigitee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

CITY - ST - 71P

SIGNATURE:

1-ST-7IP

SIGNATURE AND THE OF PHINTED TAME BE SIGNATURE OFFICER OR DIRECTOR

4/26/01 (305)716-7440

AHOCHMENT OFFP8UUXUSUSIS AOO71931

APPAREL DISTRIBUTION SERVICES, INC. 8055 NW 77TH COURT SUITE 1 MEDLEY FL 33166 TEL 305-716-7448 FAX 305-884-6035

TO: DEPARTMENT OF STATE

FROM: APPAREL DISTRIBUTION SERVICES INC.

REF: 65-0901191 DOC. P98000086948

PLEASE FIND ATTACHED REPLACEMENT CHECK 10120 FOR THE UNIFORM BUSINESS REPORT FILING. A PREVIOUS CHECK AND ORIGINAL FORM WAS MAILED BUT NEVER CASHED. AS PER YOUR INSTRUCTION REPLACEMENT CHECK IS BEEN MAILED.

THANK YOU

RAISSA TEJADA

ACCOUNTS PAYABLES