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 # P98000098590

1. Corporation Name

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90214 022 ***150.00

H & E APPAREL, INC.							
Principal Place of Business Mailing Address				_			
777 NW 72 AVE #3D11 777 NW 72 AVE #3D11 MIAMI FL 33126 MIAMI FL 33126					DO NOT WRITE IN THIS SPACE		
			· · · · · · · · · · · · · · · · · · ·		3. Date Incorporated or Qualifed 11/24/1998		
2. Principal Place of Business 2a. Mailing Address 25					4. FEI Number 65 - 0879287	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					E Cortifosto of Statue Decired 1 (.75 Additional ee Required	
City & State City & State 28			-	-		5.00 May Be dded to Fees	
Zip	Country Zip Cou		Country	Personal Property Tax.			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			81	Name			
PEREZ, HUMBERTO			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
777 NW 72 AVE #3D11					<u></u>		
MIAMI FL 33126			83				
	•	•	84	-	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		Aloze			uired when reinstating) DATE		
40	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
12.	D OF TOLKS AND	DELETE	1.1 TITLE			hange	
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CITY ST 7ID			5.4 CITY- S	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 changes from an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

305 - 265-5770

☐ Change

☐ Addition

CR2E034 (11/98)-