CORPORATION
ANNUAL REPORT
2001

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN -4 PM 3:45

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT # S26982 (6)

T-SHIRTS PLUS COLOR, INC.
4156 SW 74TH CT
MIAMI FL 33155-4414

If above mailing address is incorrect in any way, [illegible] and enter correction in Block 2.

$260.00 [illegible] $61.25 + $138.75 CORPORATION [illegible] FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 01/23/1991
3a. Date of Last Report:
4. FEI Number: 650281886 — Applied For / Not Applicable

2. Mailing Address	2a. Principle Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. [illegible] Florida Statute — X Yes ☐ No

9. Name and Address of Current Registered Agent

MARTINEZ, SUSANA
4156 SW 74TH COURT
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL — 85 Zip Code — 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 ________ (Registered Agent Accepting Appointment) DATE ________

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	MARTINEZ, JUAN ANTONIO	1.2 NAME	
1.3 ADDRESS	~~11377 S. W. 65TH STREET~~	1.3 ADDRESS	15275 SW 45 Terrace - J
1.4 CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	Miami - FL
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	MARTINEZ, SUSANA GROSSEN	2.2 NAME	
2.3 ADDRESS	~~11377 SW 65TH STREET~~	2.3 ADDRESS	15048 SW 104 Street
2.4 CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	#1902 - Miami, FL 33196
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	800004429788--7
4.2 NAME		4.2 NAME	-06/13/01--01061--030
4.3 ADDRESS		4.3 ADDRESS	****150.00 ****150.00
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE: ________ DATE 5/31/01

Print/Type Name of Signing Officer or Director | Title(s) | Daytime Telephone Number