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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90170 021 ***150.00

DOCUMENT # S40640

1. Corporation Name

MAGALYS SPORTSWEAR INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2032 N.W. 22 AVENUE
MIAMI FL 33143

Mailing Address

2032 N.W. 22 AVENUE
MIAMI FL 33143

1919 NW 21 Street
Miami, FL 33142

1919 NW 21 Street
Miami, FL 33142

2. Principal Place of Business

21 1919 NW 21 Street

2a. Mailing Address

26 1919 NW 21 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami FL

City & State

28 MIAMI, FL 3

Zip

24 33142

Country

25 Dade

Zip

29 33142

Country

30 Dade

9. Name and Address of Current Registered Agent

DIAZ, NOLIA
2032 N.W. 22 AVENUE
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name DIAZ, NOLIA
82 Street Address (P.O. Box Number is Not Acceptable)
1919 NW 21 Street
83
84 City MIAMI FL 85 Zip Code 33142

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	DIAZ, NOLIA	2032 N.W. 22 AVENUE	MIAMI FL 33143	<input type="checkbox"/>
VP	NOCEDA, ERNESTO	2032 N.W. 22 AVENUE	MIAMI FL 33143	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PST	DIAZ, NOLIA	1919 NW 21 Street	MIAMI, FL 33142	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	NOCEDA, ERNESTO	1919 NW 21 Street	MIAMI, FL 33142	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOLIA DIAZ 3/1/99 545-6792

CR2E034 (11/98)

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