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PROFIT CORPORATION ANNUAL REPORT 1999



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

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 Suite, Apt. #, etc.
 27 *1919 NW 21 Street*

22 City & State
 23 *MIAMI FL*

27 City & State
 28 *MIAMI, FL 3*

24 Zip *33142* 25 Country *Dade*

29 Zip *33142* 30 Country *Dade*

3. Date Incorporated or Qualified
03/26/1991

4. FEI Number
65-0263149

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 Tax. Yes No

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* 85 Zip Code *FL 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 *Nolia Diaz* DATE *3/1/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST
NAME	DIAZ, NOLIA	1.2 NAME	DIAZ, NOLIA
STREET ADDRESS	2032 N.W. 22 AVENUE	1.3 STREET ADDRESS	1919 NW 21 Street
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VP	2.1 TITLE	VP
NAME	NOCEDA, ERNESTO	2.2 NAME	NOCEDA, ERNESTO
STREET ADDRESS	2032 N.W. 22 AVENUE	2.3 STREET ADDRESS	1919 NW 21 Street
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	MIAMI, FL 33142
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nolia Diaz* DATE *3/1/99* DAYTIME PHONE # *545-6792*

CR2E034 (1/198)