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Mar 10, 1999 8:00 am Secretary of State

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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 # S40640

MAGALYS SPORTSWEAR INC.

Principal Place	e of Business	Mailing Address		1 (40) (41) 1(1) enem einen einen einen einen einen einen	
2032 N.W. 22 AVENUE 2032 N.W. 22 AVENUE MIAMI FL 33143 MIAMI FL 33143		· 1	DO NOT WRITE IN THIS SPACE		
1919 NW21 Street 1919 NW21 St			treet	3. Date Incorporated or Qualifed	
Myami	, FL 33142	Mami, FL 33	3142	03/26/1991	
2. Principal Place of Business ; 2a. Mailing Address				4. FEI Number	Applied For
21 1919 WWZIStreet 26			65-0263149	Not Applicable	
		21 Street		\$8.75 Additional Fee Required	
City & State City & State City & State 28 MYAMY, FU			L 3	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip B3142 Zip Country Zip Zip 33/42 30			Dajde	This corporation owes the current year In Personal Property Tax.	¥Yes □No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
				az Nolga	·
2032 N.W. 22 AVENUE			82 Street Ad	dress (F.O. Box Number is Not Acceptable)	
MIAMI FL 33143			83	14 1000 8 3 1 7 6 6 1	
			04 67 4		es Zin Code
	Λ			19aMI FL	- 1° /33,1/2
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits flips statement for the purpose of changing its registered office or registered agent, or being in the State of Florida. Such change was authorized by the corporation's board of piroctors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or party of hame of registered agent	and title if applicable (NOTE, Re	gistered Agent signature requi	(ired when reinstating)	/// //
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	D DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE	PST nin la	Change Addition
NAME	DIAZ, NOLIA			1919 NWZI Street	:
STREET ADDRESS			13 STREET ADDRESS	1919 NW 21 33142	<i>'</i> ,
CITY-ST-ZIP	MIAMI FL 33143	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	MIAMY, FL 33142 Noceda, Ernesto 1919 NW 21 Street	Change
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	MYam+, FL 33142	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	r	•
STREET ADDRESS			3.3 STREET ADDRESS	. •	en H
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME		C) pere	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP		□ nc+ cTF	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		☐ DELETE	6.2 NAME	•	Change Divinguish
NAME	1		6.3 STREET ADDRESS		.:

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 attatument with an address, with all other like empowered.

SIGNATURE: