SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)DOCUMENT # COSMO HOSIERY, INC. Principal Place of Business Mailing Address P. O. BOX 4240 P.O. BOX 4240 FT. LAUDERDALE FL 33338 FT. LAUDERDALE FL 33338 US 3a. Date of Last Report 3. Date Incorporated or Qualified 04/02/1991 07/27/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0256287 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intengible tax under s. 199 032. Country 7in Country Yes 🔲 No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ALVAREZ, IVONNE 10990 NW 20TH CT. 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33322 83 City 85 Zip Code 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when re-notating) Signature, typed or proted name of registered agent and tile if applicable (3/36) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE ALVAREZ, IVONNE CR2E034 1.2 NAME NAME 10990 NW 20TH CT. 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DV DELETE Change Addition 2.1 THILE TITLE ALVAREZ, IVAN 2.2 NAME NAME 10990 NW 20TH CT. 2.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 2 4 City - St - ZiP CITY - ST - ZIP Change Addition DELETE TITLE 311111.8 3 2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4 CITY - ST - 7IP CITY - ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - St-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TISLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily turn-shed and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617. Florida Statutes and that my name appears in Block 13 if changed, or on an attachment with an address CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

SIGNATURE: