FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 28 PM 1:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S43730 (8)

1. Corporation Name
HOG WYLD CLOTHING, INC.

Principal Place of Business
2040 NW 22 CT.
MIAMI FL 33142
US

Mailing Address
2040 NW 22 CT.
MIAMI FL 33142
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 220 71 Street	2a. Mailing Address: 26 220 71 Street
Suite, Apt. #, etc.: 22 Suite 214	Suite, Apt. #, etc.: 27 Suite 214
City & State: 23 Miami Beach Fla.	City & State: 28 Miami Beach Fla
Zip: 24 33141 — Country: 25 US	Zip: 29 33141 — Country: 30 US

3. Date Incorporated or Qualified: 04/08/1991
3a. Date of Last Report: 06/03/1994
4. FEI Number: 65-0260492 — ☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

LEVINSON, EDWARD E.
407 LINCOLN ROAD
PENTHOUSE SOUTHEAST
MIAMI BEACH FL 33139

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	PS ☐ Change ☐ Addition
NAME	SHANBRON, STANLEY	1.2 NAME	Shanbron Stanley
STREET ADDRESS	1919 NW 20TH ST	1.3 STREET ADDRESS	220 71 Street Suite 214
CITY ST ZIP	MIAMI FL	1.4 CITY ST ZIP	Miami Beach Fla. 33141
TITLE		2.1 TITLE	VP. ☐ Change ☑ Addition
NAME		2.2 NAME	Weiner, Mike
STREET ADDRESS		2.3 STREET ADDRESS	220 71 Street Suite 214
CITY ST ZIP		2.4 CITY ST ZIP	Miami Beach Fla 33141
TITLE		3.1 TITLE	T ☐ Change ☑ Addition
NAME		3.2 NAME	Weiner Stephen
STREET ADDRESS		3.3 STREET ADDRESS	220 71 Street Suite 214
CITY ST ZIP		3.4 CITY ST ZIP	Miami Beach Fla 33141
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SK Shanbron — Stanley Shanbron — 7/24/95 — 1-305-866-9940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0163131 CP