FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S67152** **(6)**

1. Corporate Name

ALVAMAR SPORTWEAR, INC.

Principal Address

620 W. 28TH ST.
HIALEAH FL 33010
US

Mailing Address

620 W. 28TH ST.
HIALEAH FL 33080
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **07/18/1991**

3a. Date of Last Report: **07/22/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Rm. # — 22

Suite, Apt. # or Rm. # — 27

City & State — 23

City & State — 28

Zip — 24

County — 25

Zip — 29

County — 30

4. FEI Number: **65-0412112** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund (Contribution Box) ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTINEZ, ALVARO
614 WEST 27TH STREET
HIALEAH FL 33010

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 Section(s) 607.1803, 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. The corporation is authorized to transact business in Florida. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section(s) 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

Title	D
Name	MARTINEZ, ROSA
Street Address	8000 HARDING AVE
City-State-Zip	MIAMI BEACH FL
Title	D
Name	MARTINEZ, ALVARO
Street Address	8000 HARDING AVE.
City-State-Zip	MIAMI BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I declare I certify that the information supplied with this filing is complete, accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named herein has complied with the applicable provisions of Florida Statutes, and that this report, which includes any supplemental or corrected information, 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 with an address.

SIGNATURE: *Alvaro Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR AUTHORIZED OFFICER OR AGENT

ALVARO MARTINEZ

5/1/95 Date

(305) 884-0094 Daytime Phone Number

0078307 CP

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

DOCUMENT # S67673 (1)

1. Corporation Name
BECHRIS MACHINERY COMPANY

Principal Place of Business
1340 SOUTH RIDGE LAKE CIRCLE
LONGWOOD FL 32750
US

Mailing Address
1340 SOUTH RIDGE LAKE CIRCLE
LONGWOOD FL 32750
US

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1991
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-3081361 — 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

2. Principal Place of Business: 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address: 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIMMONS, JAMES B.
1340 SOUTH RIDGE LAKE CIRCLE
LONGWOOD FL 32750

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SIMMONS, JAMES B.
STREET ADDRESS	1340 SOUTH RIDGE LAKE CIRCLE
CITY-ST-ZIP	LONGWOOD FL
TITLE	PST
NAME	SIMMONS, JAMES B.
STREET ADDRESS	1340 SOUTH RIDGE LAKE CIRCLE
CITY-ST-ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I the undersigned, 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: James B. Simmons, Pres James B Simmons 4/27/95 (407)767-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041585 CP