

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S83909 (9)
1. Corporation Name
JAZ ATHLETIC WEAR, INC.

Principal Place of Business	Mailing Address
5220 NORTHWEST 72 AVENUE SUITE 23A MIAMI FL 33166 US	5220 NORTHWEST 72 AVENUE SUITE 23A MIAMI FL 33166 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/01/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0176770	
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARCOTE, ADELA Z. 335 NORTHWEST 136 COURT MIAMI FL 33182				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	☐ DELETE		1.1 TITLE	SECRETARY	☒ Change ☐ Addition	
NAME	MARCOTE, ADELA Z.			1.2 NAME	JUAN R. MARCOTE		
STREET ADDRESS	335 NORTHWEST 136 COURT			1.3 STREET ADDRESS	335 NW 136CT		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI FL 33182		
TITLE	D	☐ DELETE		2.1 TITLE	TREASURER	☒ Change ☐ Addition	
NAME	MARCOTE, ADELA Z.			2.2 NAME	210MARA MARCOTE		
STREET ADDRESS	335 NORTHWEST 136 COURT			2.3 STREET ADDRESS	335 NW 136CT		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI FL 33182		
TITLE		☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME				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			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		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 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.

SIGNATURE: Adela Z. Marcote RE: Adela Z. Marcote 12/31/97 (305) 477-9843

CR2E034 (10/97)