Feb 27, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$83909

 Corporation 	n Name											
ΙΔΖ ΔΤΙ	HLETIC WEAR, INC.											
0/12 /111	ELITO WEATH INC.					1 188	HOLD TO 1884		MIN IN MINI	012H 118H 6H	PIL BYBYL BYDYF 1881	
Principal Place	e of Business	Mailing Address) 1	inn i il ni il	iii 3 1811 6 1811	DIBIN DIBIN BIN	PIT BYBYT BYBYY YBBY	
,	EST 72 AVENUE	5220 NORTHWEST 72 AVI	EMILE									
SUITE 23A	EST 72 AVENUE	SUITE 23A	CHOL									
MIAMI FL 33166 MIAMI FL 33166							DO NOT WRITE IN THIS SPACE					
US		US				3. Date Inco	•	Qualifed				
						10/01/	1991					
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Num					Applied For	
21		26				65-017	6770				Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			****	5. Certifcate	of Statue [Dogirad			5 Additional	
22		27				5. Certificate	o Status t	eu		Fee	Required	
City & Stat	le -	City & State				6. Election (Campaign F	inancing		\$5.0	May Be	
23		28				Trust Fur	d Contribut	ion	<u> </u>	Adde	d to Fees	
Zip	Country	Zip	Cot	intry		8. This corp	oration owe	s the curr	ent year In	tangible		
24	25	29	30			Personal	Property Ta	ax.		☐ Yes	□No	
	9. Name and Address of Current	Registered Agent		\perp		10. Name an	d Address	of New R	legistered	Agent		
				81	Name							
	RCOTE, ADELA Z.			82	Street Add	dress (P.O. Box N	umber is No	ot Accepta	ible)			
	NORTHWEST 136 COURT			5treet Addr								
MAIM	MI FL 33182			83						***		
				84	0.4					0F 7	p Code	
				04	City		•		FL]85 Zi _	p Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	bove-	named cor	poration submits t	his stateme	nt for the	DILLUOSO O	f changing	its registered	
office or re	egistered agent, or both, in the State of	f Florida, Such change was a	uthorizer	I has th	e comorat	tion's board of dire	ectors her	eby accer	t the appo	intment as	registered	
	- families with and account the obligation	and of Section 607 0505 Ele	rida Stat	itae	10 00. po. a.	don't bould or and		,				
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agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fig	orida Stat	utes.					DATE		· · · · · · · · · · · · · · · · · · ·	
agent. I a	m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	orida Stat	utes.	signature requir	red when reinstating) ADDITION	S/CHANGE		DATE		TORS IN 12	
agent. I a	m familiar with, and accept the obligation	and title if applicable. (NOTE	E: Registered	Agent s	signature requir	ADDITION	S/CHANGE	S TO OF	DATE FICERS A		TORS IN 12	
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	Registered	Agent s	signature requir	red when reinstating) ADDITION PRESIDEA ADELA Z	S/CHANGE	S TO OF	DATE FICERS A	ND DIREC	TORS IN 12	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP