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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V22591

(4)

AYPLUS APPAREL, INC.

Principal Place of Business

Mailing Address

16300 NW 48 AVE

16300 NW 48 AVE

FILED Feb 12 1997 8:00am Secretary of State



MIAMI FL 33UI		MIAMI FL 33014-0417			
				3. Date Incorporated or Qualified 03/20/1992	3a. Date of Last Report 04/26/1996
	ace of Business 14 N·W 54 AVE	26 16414 1V	W 54A	4. FEI Number 65-0459649	Applied For Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	AMi FL	City & State 28 MiAMi	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33 C	014 Country	29 33014 3	Country	8. This corporation has fiability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
•	9, Name and Address of Current i	Registered Agent		10. Name and Address of New Re-	gistered Agent
	TANALI, CHARANIA) ne 199st		81 Name 82 Street Ac	ISRAEL TORO	PAGAN
l	VII FL 33179		83	4 14 N. W 5	4 AUF
			84 City	MiAMi	FL 85 Zip Code 33014
44 🖯	to the contract of Contract CO7 04 00	and 607 1500. Florida Statutan	the shave named a		and the second s
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 are familiar with, are accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE!!	Signata: greed or printed name of registerer ad sittle	and the if applicable (NOTE: F	Registered Agent signature re	quired when reinstaling)	DATE
12.	OFFICERS NO D		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITCE	ISRAEL TORO	Change Addition
NAME	Charania, Pyarali		1.2 NAME		HAGAN PRE
STREET ADDRESS	16300 NW 48 AVE		1.3 STREET ADDRESS	20 ISLAND AVE	= # 30(N.)
CITY - ST - ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL 3	33131, SEC.
TITLE	VST	DELETE	2.1 TITLE		Change Addition
NAME	CHARANIA, SULTAN ALI		2.2 NAME		
STREET ADDRESS	16300 NW 48 AVE		2.3 STREET ADDRESS		
CITY - ST - ZIE	MIAMI FL		2.4 CITY-ST-ZIP		
3111.5		.DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		·
CITY-S1-ZIP			3.4. CITY-ST-ZIP		
THE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS]
CITY-ST-ZIF			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		~ _n
C-TY - ST - ZIP			6.4 CITY-ST-ZIP		
14 Ldo borok	ou soutifu that the information evention is	with this files along past an alife the	for the eventies ate	ted in Contine 110 07/31/11 Floride Statutes	n t further cortificabet the

4. Ido hereby certify that the information supplied with this thing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF JUDING OFFICER OR DIRECTOR

JAN 10/97 305-628-0800

Daytime Phone #