

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V53719** (3)
1. Corporation Name
WUNDERWEAR MILLS, INC.



Principal Place of Business: **126 W. 25TH ST. HIALEAH FL 33010 US**
Mailing Address: **12047 ROYAL PALM BLVD. CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified: **07/28/1992**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **65-0411597**
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 **4171 N.W. 135TH ST.**
22 City & State: **OPA-LOCKA FLORIDA**
23 Zip: **33054** Country: **U.S.**
2a. Mailing Address:
26 **10350 N.W. 52ND ST.**
27 City & State: **CORAL SPRINGS FLORIDA**
28 Zip: **33076** Country: **U.S.**

9. Name and Address of Current Registered Agent

CHAMAQUA, HUGO
126 W. 29TH ST.
HIALEAH FL 33010

CHAMAGUA, HUGO
4171 N.W. 135TH ST.
OPA-LOCKA, FL 33054

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 City:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(1), 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 607.05(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: **D** DELETE
NAME: **CHAMAGUA, HUGO**
STREET ADDRESS: **12047 ROYAL PALM BLVD.**
CITY, ST, ZIP: **CORAL SPRINGS FL**
2. TITLE: **PST** DELETE
NAME: **CHAMAGUA, HUGO**
STREET ADDRESS: **12047 ROYAL PALM BLVD.**
CITY, ST, ZIP: **CORAL SPRINGS FL**
3. TITLE: **V** DELETE
NAME: **CHAMAGUA, JANET**
STREET ADDRESS: **12047 ROYAL PALM BLVD.**
CITY, ST, ZIP: **CORAL SPRINGS FL**
4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **D** Change Addition
NAME: **CHAMAGUA, HUGO**
STREET ADDRESS: **10350 N.W. 52ND ST.**
CITY, ST, ZIP: **CORAL SPRINGS, FL 33076**
2. TITLE: **PST** Change Addition
NAME: **CHAMAGUA, HUGO**
STREET ADDRESS: **10350 N.W. 52ND ST.**
CITY, ST, ZIP: **CORAL SPRINGS, FL 33076**
3. TITLE: **V** Change Addition
NAME: **CHAMAGUA, JANET**
STREET ADDRESS: **10350 N.W. 52ND ST.**
CITY, ST, ZIP: **CORAL SPRINGS, FL 33076**
4. TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
5. TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
6. TITLE: Change Addition
NAME:
STREET ADDRESS:
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 state 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. 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, changed or on a non-attachment with an address.

SIGNATURE: *[Signature]* **President** **Jan 31 -96 (305) 769-8900**

CR2E034 (12/95)