

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:31

DOCUMENT # **495469** (9)

1. Corporation Name
SOUTHWEST SEWING CENTER & APPLIANCES, INC.

Principal Place of Business Mailing Address
5744 S.W. 40TH ST. MIAMI FL 33155-5302

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/12/1976** 3e. Date of Last Report **04/20/1994**

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

4. FEI Number **59-1707832** 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

9. Name and Address of Current Registered Agent
GOMEZ, JOSE
5744 S.W. 40 STREET
MIAMI FL 33155

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: _____
(Signature must be printed name of registered agent and filed appropriate) (NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS

| | |
|----------------------|-------------------------------|
| 12.1 NAME | PD GOMEZ-MORODO, DELIA |
| 12.2 STREET ADDRESS | 4200 S.W. 83RD AVE. |
| 12.3 CITY, ST., ZIP | MIAMI FL |
| 12.4 TITLE | SDT |
| 12.5 NAME | GOMEZ, JOSE A. |
| 12.6 STREET ADDRESS | 16012 SW 79 TERR |
| 12.7 CITY, ST., ZIP | MIAMI FL |
| 12.8 TITLE | |
| 12.9 NAME | |
| 12.10 STREET ADDRESS | |
| 12.11 CITY, ST., ZIP | |
| 12.12 TITLE | |
| 12.13 NAME | |
| 12.14 STREET ADDRESS | |
| 12.15 CITY, ST., ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------------|---|
| 13.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME | |
| 13.3 STREET ADDRESS | |
| 13.4 CITY, ST., ZIP | |
| 13.5 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME | |
| 13.7 STREET ADDRESS | |
| 13.8 CITY, ST., ZIP | |
| 13.9 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME | |
| 13.11 STREET ADDRESS | |
| 13.12 CITY, ST., ZIP | |
| 13.13 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME | |
| 13.15 STREET ADDRESS | |
| 13.16 CITY, ST., ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemptions stated in Sections 119.07(4)(b), 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 if changed, or on an attachment with an address.

SIGNATURE: *Delia Gomez*
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1-26-95
DATE