

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

• PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M02989** (5)  
1. Corporation Name  
**CARES SEWING CENTERS, INC.**



Principal Place of Business: **207 NORTH MIAMI AVE. MIAMI FL 33128**  
Mailing Address: **207 NORTH MIAMI AVE. MIAMI FL 33128**

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

3. Date Incorporated or Qualified <b>07/20/1984</b>	3a. Date of Last Report <b>04/14/1995</b>
4. FEI Number <b>59-2426547</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>EDUARTEZ, JOSE C.</b> <b>207 N. MIAMI AVE.</b> <b>MIAMI BEACH FL</b>				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 607.0507 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature must be printed in full and accompanied by the date of signing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[ ] DELETE	1. TITLE	[ ] Change	[ ] Addition
NAME	REQUEJO, MRS. CARMEN		2. NAME		
STREET ADDRESS	4708 ALTON ROAD		3. STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		4. CITY-ST-ZIP		
TITLE	VD	[ ] DELETE	5. TITLE	[ ] Change	[ ] Addition
NAME	EDUARTEZ, ESTELA J.		6. NAME		
STREET ADDRESS	1500 NE 13 PL		7. STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		8. CITY-ST-ZIP		
TITLE	SD	[ ] DELETE	9. TITLE	[ ] Change	[ ] Addition
NAME	RAMOS, CARMEN M.		10. NAME		
STREET ADDRESS	2940 ALTON RD.		11. STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL		12. CITY-ST-ZIP		
TITLE	TD	[ ] DELETE	13. TITLE	[ ] Change	[ ] Addition
NAME	EDUARTEZ, JOSE C.		14. NAME		
STREET ADDRESS	1500 NE 13 PL		15. STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		16. CITY-ST-ZIP		
TITLE		[ ] DELETE	17. TITLE	[ ] Change	[ ] Addition
NAME			18. NAME		
STREET ADDRESS			19. STREET ADDRESS		
CITY-ST-ZIP			20. CITY-ST-ZIP		
TITLE		[ ] DELETE	21. TITLE	[ ] Change	[ ] Addition
NAME			22. NAME		
STREET ADDRESS			23. STREET ADDRESS		
CITY-ST-ZIP			24. 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 stated in Section 119.07(3)(a), 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 or power of attorney 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: **Jose C. Eduarte** 1/19/96 (305) 374-1771  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)