

SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M33203

(4)

1. Corporation Name

MIRACLE MILE SEWING CENTER, INC.

Principal Place of Business

125 MIRACLE MILE
CORAL GABLES FL 33134

Mailing Address

125 MIRACLE MILE
CORAL GABLES FL 33134

WE NEVER RECEIVED YOUR
FIRST NOTICE.
95 JUN 15
H. Amach
4/17/95

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2b		06/05/1986		06/21/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2695503		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

TUMPSON, JOAN B.
848 BRICKELL AVE.
SUITE 400-B
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	☐ Change ☐ Addition
NAME	CAMACHO, JACQUELINE A.	1.2 NAME	
STREET ADDRESS	125 MIRACLE MILE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMACHO, JOSEPH P.	2.2 NAME	
STREET ADDRESS	125 MIRACLE MILE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	2.4 CITY - ST - ZIP	
TITLE	TREASURER	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMACHO, KAREN	3.2 NAME	
STREET ADDRESS	125 MIRACLE MILE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	3.4 CITY - ST - ZIP	
TITLE	SECRETARY	4.1 TITLE	☐ Change ☐ Addition
NAME	O'CONNOR, SUZANNE	4.2 NAME	
STREET ADDRESS	125 MIRACLE MILE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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; 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, checked, or on an attachment with an address.

SIGNATURE:

H. Amach
PRESIDENT

6/10/95 (305) 445-0009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature 11/20/95