

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M33203 (4)

1. Corporation Name

MIRACLE MILE SEWING CENTER, INC.



Principal Place of Business

Mailing Address

125 MIRACLE MILE
CORAL GABLES FL 33134

125 MIRACLE MILE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

06/05/1986

3a. Date of Last Report

06/15/1995

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

59-2695503

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

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

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

Signature of person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

VPD
CAMACHO, JACQUELINE A.
125 MIRACLE MILE
CORAL GABLES FL

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PD
CAMACHO, JOSEPH P.
125 MIRACLE MILE
CORAL GABLES FL

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TITLE NAME STREET ADDRESS CITY - ST - ZIP

T
CAMACHO, KAREN
125 MIRACLE MILE
CORAL GABLES FL

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O'CONNER, SUZANNE
125 MIRACLE MILE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P. CAMACHO, PRES.

6/18/96 (30) 445-0009