

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000031919 (2)

1. Corporation Name
EMBROIDERIES INTERNATIONAL, INC.



Principal Place of Business: **13083 S.W. 133 COURT MIAMI FL 33186**
Mailing Address: **P.O. BOX 160676 MIAMI FL 33116-0676**

3. Date Incorporated or Qualified: **05/03/1993**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **65-0434158**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARRIOS, MARIA L
13083 S.W. 133 COURT
MIAMI FL 33186**

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VSTD <input type="checkbox"/> DELETE	NAME: BARRIOS, MARIA L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 13083 S.W. 133 COURT	CITY-ST-ZIP: MIAMI FL 33186	1.2 NAME	
TITLE: PD <input type="checkbox"/> DELETE	NAME: SALA, FRANK	1.3 STREET ADDRESS	
STREET ADDRESS: 13083 S.W. 133 COURT	CITY-ST-ZIP: MIAMI FL 33186	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D <input type="checkbox"/> DELETE	NAME: BARRIOS, ARMANDO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or of an agent and with an address.

SIGNATURE: *[Signature]* DATE: **March 12, 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

(305) 256-4022