

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90181 035 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P93000031919

1. Corporation Name
EMBROIDERIES INTERNATIONAL, INC.

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| Principal Place of Business 13083 S.W. 133 COURT MIAMI FL 33186 | Mailing Address P.O. BOX 160676 MIAMI FL 33116 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|------------------------|---------------------|------------------------|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/03/1993 | |
| 21 13083 S.W. 133 Ct | 22 Suite, Apt. #, etc. | 26 P.O. Box 16-0676 | 27 Suite, Apt. #, etc. | 4. FEI Number 65-0434158 | Applied for Not Applicable |
| 23 Miami FL | 24 33186 | 28 Miami FL | 29 33116 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 25 USA | 30 USA | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 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 same | |
| | | | | 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 <i>Maria L Barrios</i> | | | | DATE 1-4-99 | |

| | | | |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | VSTD BARRIOS, MARIA L 13083 S.W. 133 COURT MIAMI FL 33186 | 1.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | PD SALA, FRANK 13083 S.W. 133 COURT MIAMI FL 33186 | 1.2 NAME | Maria L Barrios |
| TITLE | D BARRIOS, ARMANDO 13083 S.W. 133 COURT MIAMI FL 33186 | 1.3 STREET ADDRESS | 13083 S.W. 133 Ct |
| TITLE | | 1.4 CITY-ST-ZIP | Miami FL 33186 |
| TITLE | | 2.1 TITLE | V-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | | 2.2 NAME | Armando Barrios |
| TITLE | | 2.3 STREET ADDRESS | 13083 S.W. 133 Ct |
| TITLE | | 2.4 CITY-ST-ZIP | Miami FL 33186 |
| TITLE | | 3.1 TITLE | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | | 3.2 NAME | Luis M. Gonzalez |
| TITLE | | 3.3 STREET ADDRESS | 13083 S.W. 133 Ct |
| TITLE | | 3.4 CITY-ST-ZIP | Miami FL 33186 |
| TITLE | | 4.1 TITLE | |
| TITLE | | 4.2 NAME | |
| TITLE | | 4.3 STREET ADDRESS | |
| TITLE | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| TITLE | | 5.2 NAME | |
| TITLE | | 5.3 STREET ADDRESS | |
| TITLE | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| TITLE | | 6.2 NAME | |
| TITLE | | 6.3 STREET ADDRESS | |
| TITLE | | 6.4 CITY-ST-ZIP | |

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria L Barrios* Maria L Barrios **1-4-99**

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E034 (11/98)