SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Sep 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **✓** CORPORATION Sandra B. Mörtham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name (6)14TH ST FABRIC BAZAAR INC Principal Place of Business Mailing Address 1367 N MIAMI AVE 1367 N MIAMI AVE MIAMI FL 33136 MIAM! FL 33136 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1958 2. Principal Place of Business 2a. Maiting Address 4. FEI Number Applied For 59-0840632 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zip Country Zip 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHWARTZ, IRWIN 81 Name 1367 NO. MIAMI AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33136** 83 84 City Zip Code 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 (2/38)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Addition **SCHWARTZ, IRWIN** 1.2 NAME NAME 1367 N. MIAMI AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP VSD TITLE 2.1 TITLE . DELETE ... Change ___ Addition SCHWARTZ.HEATH 22 NAME NAME 1367 N. MIAMI AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change ___ Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY ST ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 9000026369**6**9 5.2 NAME NAME -09/11/98--01036--0**34** STREET ADDRESS 5.3 STREET ADDRESS ***400.00 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 900002636 NAME 6.2 NAME -0**9**/11/98--01036--0**3**3 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 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 out; 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.

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