

4-27-98 B-5616-C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 445434 (4)  
1. Corporation Name  
YVONNE'S FABRICS, INC.

Principal Place of Business  
7172 PEMBROKE ROAD  
MIRAMAR FL 33023

Mailing Address  
7172 PEMBROKE ROAD  
MIRAMAR FL 33023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1515501	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WITTUNG (HAROLD C.) SUITE 1105, AINSLEY BLDG., 14 NE FIRST AVE MIAMI FL				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE				1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
	PD	KHAYATA (JOHN)	6401 SW 5TH STREET					1.2 NAME							
		PEMBROKE PINES FL						1.3 STREET ADDRESS							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE				1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
	SD	KHAYATA (YVONNE)	6401 SW 5TH STREET					2.1 TITLE							
		PEMBROKE PINES FL						2.2 NAME							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE				2.3 STREET ADDRESS							
	TD	KHAYATA (YVONNE)	6401 SW 5TH STREET					2.4 CITY-ST-ZIP							
		PEMBROKE PINES FL						3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE				3.2 NAME							
								3.3 STREET ADDRESS							
								3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE				4.1 TITLE							
								4.2 NAME							
								4.3 STREET ADDRESS							
								4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE				5.1 TITLE							
								5.2 NAME							
								5.3 STREET ADDRESS							
								5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE				6.1 TITLE							
								6.2 NAME							
								6.3 STREET ADDRESS							
								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.

SIGNATURE *Yvonne Khayata* 1/4/198 1\*954-967-5724

CR2E034 (10/97)