

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 # 515576 (7)
1. Corporation Name
STEIN'S WOMEN WEAR, INC.



Principal Place of Business Mailing Address
19731 NE 22 AVE
N MIAMI BCH FL 33180
US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 09/30/1976 3a. Date of Last Report 05/31/1995
4. FEI Number 59-1778841 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
STEIN, RODOLFO
19731 NE 22ND AVENUE
NORTH MIAMI BCH FL 33180

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

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 _____
Signature (typed or printed name of registered agent and the corporation) (NOTE: Registered Agent's signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	NAME	DELETED
SD	STEIN, SARA	<input type="checkbox"/>
PD	STEIN, RODOLFO	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELETED	Change	Addition
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rodolfo Stein PD 6/12/96 (305) 932-3518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)