

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **526007** (0)
1. Corporation Name
WESTCHESTER FABRICS, INC.



Principal Place of Business 8571 CORAL WAY MIAMI FL 33155 US	Mailing Address 8571 CORAL WAY MIAMI FL 33155-2335
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/16/1977	3a. Date of Last Report 05/21/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1707435		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Zip	Country		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent CHAIT, NUCHIN 8571 CORAL WAY MIAMI FL 33155		10. Name and Address of New Registered Agent	
		81 Name Elsa Martin	
		82 Street Address (P.O. Box Number Is Not Acceptable) 8571 Coral Way	
		83 City Miami, FL	
		84 Zip Code FL 33135	

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 Elsa Martin x [Signature] DATE 4/01/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSA, MARTIN	1.2 NAME	Elsa Martin
STREET ADDRESS	707 ANASTASIA	1.3 STREET ADDRESS	707 Anastasia Ave.
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables FL
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAIT, NUCHIN	2.2 NAME	Rosendo S. Rivero
STREET ADDRESS	27 NE 1ST AVENUE	2.3 STREET ADDRESS	11762 S.W. 14 Street
CITY-ST-ZIP	MIAMI, FLORIDA 00000	2.4 CITY-ST-ZIP	Miami, FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Lolisa M. Rivero
STREET ADDRESS		3.3 STREET ADDRESS	11762 S.W. 14 Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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; 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: x [Signature] **NOTARIAL REQUIRED** DATE 4/01/97 (305) 262-5793
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)