


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

FILED

Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																							
<b>DOCUMENT # 577504 (4)</b> 1. Corporation Name <b>LILY'S FABRICS, INC.</b>																											
Principal Place of Business <b>1655 DREXEL AVENUE</b> <b>SUITE #206</b> <b>MIAMI BEACH FL 33139</b>			Mailing Address <b>1655 DREXEL AVENUE</b> <b>SUITE #206</b> <b>MIAMI BEACH FL 33139-7765</b>																								
2. Principal Place of Business 21 <b>136 SE 1st AVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI FL</b> Zip 24 <b>33131</b>		2a. Mailing Address 26 <b>7235 Coral Way</b> Suite, Apt. #, etc. 27 <b>206</b> City & State 28 <b>MIAMI FL</b> Zip 29 <b>33155</b>		3. Date Incorporated or Qualified <b>06/22/1978</b> 3a. Date of Last Report <b>06/14/1996</b> 4. FEI Number <b>59-1843438</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
9. Name and Address of Current Registered Agent <b>LAFARGA, LILY</b> <b>6100 SE 16 STREET</b> <b>MIAMI FL 33155</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           TITLE  <b>VP</b>            NAME  <b>LAFARGA, ALEX</b>            STREET ADDRESS  <b>136 SE FIRST AVE.</b>            CITY - ST - ZIP  <b>MIAMI FL</b> </td> <td style="width: 50%; text-align: right;"> <input type="checkbox"/> DELETE         </td> </tr> <tr> <td>           TITLE  <b>P</b>            NAME  <b>LAFARGA, LILY</b>            STREET ADDRESS  <b>136 S.E. FIRST AVE.</b>            CITY - ST - ZIP  <b>MIAMI FL</b> </td> <td style="text-align: right;"> <input type="checkbox"/> DELETE         </td> </tr> <tr> <td>           TITLE  <b>ST</b>            NAME  <b>LAFARGA, JANET</b>            STREET ADDRESS  <b>136 SE FIRST AVE.</b>            CITY - ST - ZIP  <b>MIAMI FL</b> </td> <td style="text-align: right;"> <input type="checkbox"/> DELETE         </td> </tr> <tr> <td>           TITLE              NAME              STREET ADDRESS              CITY - ST - ZIP    </td> <td style="text-align: right;"> <input type="checkbox"/> DELETE         </td> </tr> <tr> <td>           TITLE              NAME              STREET ADDRESS              CITY - ST - ZIP    </td> <td style="text-align: right;"> <input type="checkbox"/> DELETE         </td> </tr> </table>			TITLE <b>VP</b> NAME <b>LAFARGA, ALEX</b> STREET ADDRESS <b>136 SE FIRST AVE.</b> CITY - ST - ZIP <b>MIAMI FL</b>	<input type="checkbox"/> DELETE	TITLE <b>P</b> NAME <b>LAFARGA, LILY</b> STREET ADDRESS <b>136 S.E. FIRST AVE.</b> CITY - ST - ZIP <b>MIAMI FL</b>	<input type="checkbox"/> DELETE	TITLE <b>ST</b> NAME <b>LAFARGA, JANET</b> STREET ADDRESS <b>136 SE FIRST AVE.</b> CITY - ST - ZIP <b>MIAMI FL</b>	<input type="checkbox"/> DELETE	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> DELETE	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           1.1 TITLE            1.2 NAME            1.3 STREET ADDRESS            1.4 CITY - ST - ZIP         </td> <td style="width: 50%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           2.1 TITLE            2.2 NAME            2.3 STREET ADDRESS            2.4 CITY - ST - ZIP         </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           3.1 TITLE            3.2 NAME            3.3 STREET ADDRESS            3.4 CITY - ST - ZIP         </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           4.1 TITLE            4.2 NAME            4.3 STREET ADDRESS            4.4 CITY - ST - ZIP         </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           5.1 TITLE            5.2 NAME            5.3 STREET ADDRESS            5.4 CITY - ST - ZIP         </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           6.1 TITLE            6.2 NAME            6.3 STREET ADDRESS            6.4 CITY - ST - ZIP         </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.																											
<b>SIGNATURE: Lily Lafarga LILY LAFARGA</b> <b>4/18/97</b> <b>3798791</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																											

CR2E034 (9/96)