FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:34

DOCUMENT # H08742 (9)

1. Corporation Name
EMBROIDERIES UNLIMITED, INC.

Principal Place of Business
~~13170 NW 43 AVE.~~
~~OPA LOCKA FL 33054~~

Mailing Address
~~13170 NW 43 AVE.~~
~~OPA LOCKA FL 33054~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 13061 N.W. 43rd AVENUE	2a. Mailing Address: 26 13061 N.W. 43rd AVENUE
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 OPA LOCKA, FL	City & State: 28 OPA LOCKA, FL
Zip: 24 33054 / Country: 25 DADE	Zip: 29 33054 / Country: 30 DADE

3. Date Incorporated or Qualified: 06/19/1984
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2430744 — 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

~~BOAZE, MARIA~~
~~13170 N.W. 43RD AVENUE~~
~~OPA LOCLA FL 33054~~

10. Name and Address of New Registered Agent

81 Name: ARTHUR ABRAMSON
82 Street Address (P.O. Box Number is Not Acceptable): 13061 N.W. 43rd AVENUE
83
84 City: OPA LOCKA FL 85 Zip Code: 33054

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] DATE: 1-30-95

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**

12.		13.		
TITLE	STD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ABRAMSON, ARTHUR	1.2 NAME		
STREET ADDRESS	8501 N.W. 23RD STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP		
TITLE	~~PD~~	2.1 TITLE	- OUT -	☒ Change ☐ Addition
NAME	~~BOAZE, MARIA~~	2.2 NAME		
STREET ADDRESS	~~6750 PARKINSONIA DRIVE~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BENAVIDES, LUIS H.	3.2 NAME		
STREET ADDRESS	6929 W 25TH AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 1-11-95 1-305-681-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ARTHUR ABRAMSON

0101010 CP