

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M02989 (5)
1. Corporation Name
CARES SEWING CENTERS, INC.



Principal Place of Business: **207 NORTH MIAMI AVE. MIAMI FL 33128**
Mailing Address: **207 NORTH MIAMI AVE. MIAMI FL 33128**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1984	3a. Date of Last Report 04/14/1995
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-2426547	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
EDUARTEZ, JOSE C. 207 N. MIAMI AVE. MIAMI BEACH FL				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0507 and 607.1509, 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 607.0506, Florida Statutes.

SIGNATURE _____
 I, _____, Secretary of State, do hereby certify that the above information is true and correct.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD REQUEJO, MRS. CARMEN	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4708 ALTON ROAD	2. NAME	
STREET ADDRESS	MIAMI BEACH FL	13. STREET ADDRESS	
CITY-ST-ZIP		14. CITY-ST-ZIP	
TITLE	VD EDUARTEZ, ESTELA J.	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1500 NE 13 PL	22. NAME	
STREET ADDRESS	MIAMI BEACH FL	23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	SD RAMOS, CARMEN M.	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2940 ALTON RD.	32. NAME	
STREET ADDRESS	MIAMI BCH. FL	33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	TD EDUARTEZ, JOSE C.	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1500 NE 13 PL	42. NAME	
STREET ADDRESS	MIAMI BEACH FL	43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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)(a), 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 or power of attorney 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: Jose C. Eduarte 1/19/96 (305) 374-1771
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)