

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

FILED

**May 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M33203 (4)

1. Corporation Name
MIRACLE MILE SEWING CENTER, INC.



Principal Place of Business 125 MIRACLE MILE CORAL GABLES FL 33134	Mailing Address 125 MIRACLE MILE CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12973 SW 112th STREET	2a. Mailing Address 26 12973 SW 112th STREET
22 Suite, Apt. #, etc. # 126	27 Suite, Apt. #, etc. # 126
23 City & State MIAMI FL. 33186	28 City & State MIAMI FLORIDA
24 Zip 33186	25 Country USA
29 Zip 33186	30 Country USA

3. Date Incorporated or Qualified 06/05/1986		
4. FEI Number 59-2695503	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent TUMPSON, JOAN B. 848 BRICKELL AVE. SUITE 400-B MIAMI FL 33131	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code FL

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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE VPD	NAME CAMACHO, JACQUELINE A.	<input type="checkbox"/>
STREET ADDRESS 125 MIRACLE MILE	CITY-ST-ZIP CORAL GABLES FL	
TITLE PD	NAME CAMACHO, JOSEPH P.	<input type="checkbox"/>
STREET ADDRESS 125 MIRACLE MILE	CITY-ST-ZIP CORAL GABLES FL	
TITLE T	NAME CAMACHO, KAREN	<input type="checkbox"/>
STREET ADDRESS 125 MIRACLE MILE	CITY-ST-ZIP CORAL GABLES FL	
TITLE S	NAME O'CONNER, SUZANNE	<input type="checkbox"/>
STREET ADDRESS 125 MIRACLE MILE	CITY-ST-ZIP CORAL GABLES FL	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE VP(S/D)	1.2 NAME CAMACHO JACQUELINE A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS 13534 SW 110th TERRACE	1.4 CITY-ST-ZIP MIAMI FL. 33186		
2.1 TITLE PD/T	2.2 NAME CAMACHO, JOSEPH P.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS 13534 SW 110th TERRACE	2.4 CITY-ST-ZIP MIAMI FL. 33186		
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE _____

CR2E034 (10/97)