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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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 12973 SW 112th STREET

Suite, Apt. #, etc.

22 # 126

City & State

23 MIAMI FL 33186

Zip

24 33186

Country

25 USA

2a. Mailing Address

26 12973 SW 112th STREET

Suite, Apt. #, etc.

27 # 126

City & State

28 MIAMI FLORIDA

Zip

29 33186

Country

30 USA

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

FL

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPD
CAMACHO, JACQUELINE A.
125 MIRACLE MILE
CORAL GABLES FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
CAMACHO, JOSEPH P.
125 MIRACLE MILE
CORAL GABLES FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
CAMACHO, KAREN
125 MIRACLE MILE
CORAL GABLES FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
O'CONNER, SUZANNE
125 MIRACLE MILE
CORAL GABLES FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

VP/S/D
CAMACHO JACQUELINE A.
13534 SW 110th TERRACE
MIAMI FL 33186

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

P/D/T
CAMACHO, JOSEPH P.
13534 SW 110th TERRACE
MIAMI FL 33186

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change Addition

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

J. Camacho

11/28/98

CR2E034 (10/97)