SECOND NOTICE: CORPORATION WILL BE DISSULVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P93000023541 (4) 807 CUTTING & SEWING, INC. Mailing Address Principal Place of Business 680 W. 18TH ST. 680 W. 18TH ST. HIALEAH FL 33010 HIALEAH FL 33010 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 03/30/1993 Applied For 4. FEI Number 2.1. Mailing Address 2. Principal Place of Business Not Applicable 15720 SW 72ND STREET 65-0398966 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 # 126 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution MIAMI, FL 2٤ 23 This corporation has liability for intangible tax under s. 199 032 Country Country Ζiρ Yes No 26 33193-5059 USA Florida Statutes 25 24 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name PEREZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 62 680 W. 18TH ST. HIALEAH FL 33010 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with and accept the obligations of, Section 607.0505, Florida Statutes. 08/02/96____ Jose M. Perez SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIFIECTORS 13. 12 Change nc-hbbA DELETE 11116 TITLE CR2E034 1.2 NAME PEREZ, JOSE NAME 1.3 STREET ADDRESS 680 W. 18TH ST. STREET ADDRESS 1.4 City - ST-ZiP HIALEAH FL 33010 CITY-ST-ZIP Change ____ Addition DELETE 21 THILE TITLE 2.2 NAME **HUMBERTO, TIELES** NAME 2.3 STREET ADDRESS 680 W 18TH STREET STREET ADDRESS 2 4 CITY - ST - ZIP HIALEAH FL CITY-ST-ZIP Change Addition DELETE 3 1 TITLE THILE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CHTY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TIFLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-SI-ZIP Change Addition DELETE STITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CHTY - ST ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florido 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 any fitner or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florido Statutes, and that my name appears in Block12 or Block13 if changed, or on an attachment with an address 08/02/96 , Jose M. Perez, President SIGNATURE: Drythe Phone P

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR