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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zw



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000031919 (2)

EMBROIDERIES INTERNATIONAL, INC.

Country

9. Name and Address of Current Registered Agent

25

BARRIOS, MARIA L 13083 S.W. 133 COURT

MIAMI FL 33186

Mailing Address Principal Prace of Business P.O. BOX 160676 13083 S.W. 133 COURT MIAMI FL 33116-0676 MIAMI FL 33186

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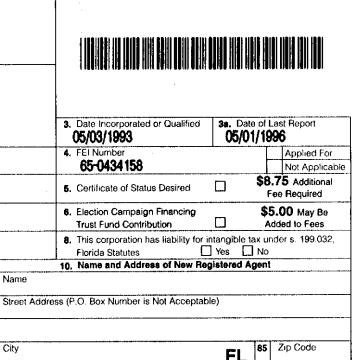
2a. Mailing Address

City & State

 Z_{00}

Suite, Apt #, etc

Mar 11 1997 8:00am Secretary of State



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.

Country

81 Name

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R4 City

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SIGNATURE	Pay also its pecturization or series of registered agent and billion appointable	(NOTE: Re	g stered Agent signature re	quired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHA	NGES TO OFFICERS AN	D DIRECTOR	S IN 12
101.1	VSTD	.DELETE	1.1 TITLE			☐ Change	Addition
NAME.	BARRIOS, MARIA L		1.2 NAME				
STREET ADDRESS	13083 S.W. 133 COURT		1.3 STREET ADDRESS				İ
CRY+SIT-ZIP	MIAMI FL 33186		1.4 CITY - ST - ZIP				
111; £		DELETE	2.1 TITLE			Change	☐ Addition
NAM*	SALA, FRANK		2.2 NAME				+
STREET ADDRESS	13083 S.W. 133 COURT		2.3 STREET ADDRESS				
COTY ST-ZIP	MIAMI FL 33186		2. 4 CITY-ST-ZIP				
THEF	-	DELETE	3.1 TiTLE			Change	Addition
NAM:	BARRIOS, ARMANDO		3.2 NAME				
STREET ADDISESS	13083 S.W. 133 COURT		3 3 STREET ADDRESS				
C-19 - \$1 - 7iP	MIAMI FL 33186		3 4. CITY-ST-ZIP				
1016		DELETE	4.1 TITLE			L. Change	Addition
N4Wet			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
City St 7iP			4.4 CITY - ST - ZIP				
1) (F		DELETE	5.1 TITLE			Change	Addition
NAM			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
COY-ST-ZIP			5.4 CITY - ST - ZIP		····		
THEF		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STEET ADDRESS			6 3 STREET ADDRESS				
CHY-SC 20			6 4 CiTY - ST - ZIP				

14. I do hereby certily 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 and cated on this annual report or supplemental actual short 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 converge supree 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 of

SIGNATURE: