

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000036465 (1)

1. Corporation Name

FABRICS UNLIMITED, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001436054
-03/22/95--01034--007
*****8.75 *****8.75
(DO NOT WRITE IN THIS SPACE)

Principal Place of Business Mailing Address
80 SW 8 STREET
SUITE 2000
MIAMI FL 33130

3. Date Incorporated or Qualified 05/17/1993
3a. Date of Last Report 06/07/1994

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

4. FEI Number 65-0413037
Applied For After Acquisition

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOUTET, NEY R
80 SW 8 STREET
SUITE 2000
MIAMI FL 33130

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 400001436054
-03/22/95--01034--008
****200.00FL****200.00
84 City

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) Registered Agent (typed or printed name and address, if applicable)

12. OFFICERS AND DIRECTORS 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 12)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 12)
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP D BOUTET, NEY R 9144 W-ATLANTIC BLVD., APT. 832 CORAL SPRINGS-FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP 5151 COLLINS AVE. No. 429 MIAMI BEACH, FL 33140
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 Sections 119.021 and 119.022, 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 of changed or newly attached with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
March 7, 1995 (305) 577 8613