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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000093254 (8)

FABRIC GALLERY, INC.

Principal Place of Business Mailing Address 4712 S.W. 72ND AVE 4712 S.W. 72ND AVE MIAMI FL 33155-4518 MIAMI FL 33155 3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1996 12/23/1994 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 65-0552813 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GATTAS, JORGE E 10301 SW 134 PL Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 83 84 Zip Code 11. Pursuant to the previsions 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 ligent, 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 light, and accept the diplications of Section 607.0505. Florida Statutes. SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Addition DELETE 1.1 TITLE Change THE BATULE, JOSE A NAME 1.2 NAME 14160 SW 39 ST 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** 1.4 CITY+ST-ZIP CHTV - ST - ZIE VSD DELETE Change Addition TIT.E 2.1 TITLE GATTAS, JORGE E NAME 2.2 NAME 10301 SW 134 PL STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33186** CITY - ST - ZIF 2. 4 CITY-ST-ZIP DELETE ___ Addition Title 31 TITLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP C(TY - ST - 7)P DELETE 5.1 TITLE TITLE NAME: 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP City-St-ZP TIFLE DELETE 6.1 TITLE ICV Change 100002151**59**1 -04/23/97--01046--005 NAME 6.2 NAME

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 comporation 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 langed, or on an attachment with an address

14. I do 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

***165.00

FILED

Apr 22 1997 8:00am

Secretary of State