

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 7-1896 B-7342 C

DOCUMENT # P95000045862 (6)

1. Corporation Name

BROTHERS SEWING, INC.



Principal Place of Business

Mailing Address

2634-A NORTHWEST 21ST TERRACE
MIAMI FL 33142

2634-A NORTHWEST 21ST TERRACE
MIAMI FL 33142

2. Principal Place of Business

2a. Mailing Address

21 13159 NW Le SEUNE AVE
Suite, Apt. #, etc.

26 P.O. Box 170238
Suite, Apt. #, etc.

23 OPA LOCKA - FL
City & State

28 HIALIAH - FL
City & State

24 33054 25 Country
Zip

29 33017 30 USA
Zip Country

3. Date Incorporated or Qualified 06/08/1995

3a. Date of Last Report

4. FEI Number 65-058-9988

Applied for Not Applicable

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. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTELLANOS, DANTE R
2634-A NORTHWEST 21ST TERRACE
MIAMI FL 33142

81 Name LISETTE SENEVILLE MORIN

82 Street Address (P.O. Box Number is Not Acceptable) 9674 NW 10th Ave #557

83

84 City MIAMI

FL

85 Zip Code 33150

11. Pursuant to the provisions of Sections 607.0142 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. I am familiar with, and accept the obligations of, Section 607.0145 Florida Statutes.

SIGNATURE *Lisette Senerville Morin* LISETTE SENEVILLE MORIN - PRESIDENT 7/12/96 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME CASTELLANOS, BERNARDO F
STREET ADDRESS 2634-A NORTHWEST 21ST TERRACE
CITY-ST-ZIP MIAMI FL 33142

1.1 TITLE EXECUTIVE VICE PRESIDENT Dir. Change Addition
1.2 NAME JOSE ALBERTO TEITELBAUM
1.3 STREET ADDRESS 9674 NW 10th Ave # 557
1.4 CITY-ST-ZIP MIAMI - FL - 33150

TITLE D DELETE
NAME CASTELLANOS, DOMINGO
STREET ADDRESS 2634-A NORTHWEST 21ST TERRACE
CITY-ST-ZIP MIAMI FL 33142

2.1 TITLE DIRECTOR Change Addition
2.2 NAME DELGYS R. CRUZ
2.3 STREET ADDRESS 651 W 43rd
2.4 CITY-ST-ZIP HIALIAH FL 33012

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE PRESIDENT Change Addition
3.2 NAME LISETTE SENEVILLE MORIN
3.3 STREET ADDRESS 9674 NW 10th Ave
3.4 CITY-ST-ZIP MIAMI - FL - 33150

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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 Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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, unchanged, or on an attachment with an address.

SIGNATURE: *Jose Alberto Teitelbaum* JOSE ALBERTO TEITELBAUM 7/12/96 (305) 836 2703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)