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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

P95000073879 (5)

FINE STITCH TAILORS, INC.

Principal Place of Business Mailing Address 17034 WEST DIXIE HIGHWAY 17034 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 3. Date Incorporated or Qualified 3a. Date of Last Report 09/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For above 65-0660315 Same 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Z_{1D} Country 8. This corporation has liability for intangible tax under s 199.032, 24 30 25 29 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RICARDO, FRANCISCO 82 Street Address (P.O. Box Number is Not Acceptable) 17034 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33162 83 84 City 85 Zip Code 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 (NOTE: Registered Agent's gnature required when reinstating). (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE [] DELETE 1.1 DUE Change ☐ Addition RICARDO, FRANCISCO NAME 12 NAME CR2E034 17034 WEST DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 2 1 10TLE ☐ Channe Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY - ST - ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST- ZIP TITLE DELETE 4. † TITLE ☐ Change Addition NAME 4.2 NAME 300001849153 -06704/96--01017--017 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$T-7IP ***233.75 TITLE [] DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHTY-ST-ZIP TITLE DELETE 6.1 THEE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 C/TY - ST - Z/P

SIGNATURE:

CITY-ST-2IP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. Ido 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 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 if changed or on an attachment with an address.