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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS DITY: ST-ZiP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

03/01/97 305-949-8335

(96/6) (5)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073879 (5)

FINE STITCH TAILORS, INC.

17034 WEST DIXIE HIGHWAY 17034 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33160-3723 3. Date incorporated or Qualified 3a. Date of Last Report 09/25/1995 06/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0660315 21 26 Not Applicable Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Ζip Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes 12/No 24 29 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name RICARDO, FRANCISCO 17034 WEST DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33162 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE Change 1.1 TITLE THEF RICARDO, FRANCISCO NAME 1.2 NAME 17034 WEST DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33162 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-2IP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP DITY- ST- ZH DELETE Addition Change TITLE 4.1 TOTLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZIP CHY-ST ZIP Change DELETE Addition THUE 5.1 TITLE 5.2 NAME MAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE 6.1 TITLE Change THE 6.2 NAME NAME

6.3 STREET ADDRESS

FRANCISCO Ricardo)

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 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.