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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000073879 (5)

FILED Jun 22 1998 8:00am Secretary of State

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 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1995 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 65-0660315 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Žιρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RICARDO, FRANCISCO 17034 WEST DIXIE HIGHWAY 62 Street Address (P.O. Box Number is Not Acceptable) 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 10 ida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam amilia, with, and accept the obligatory of Section 607,0505, Florida Statutes. SIGNATURE name of registe 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELET**E** TITLE 1.1 TITLE Change Addition RICARDO, FRANCISCO NAME 1.2 NAME 17034 WEST DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition | TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETÉ Addition 41 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change TITLE **7000002558831** -06/22/96--0116--002 NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing cloes 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 huston empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Plock 13 it between the corporation of the receiver or huston 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