FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
1996 JUN -7 PM 12: 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P95000080031

1. Corporation Name
IMAGE EMBROIDERY CO, INC.

Principal Place of Business
7985 W. 20th AVE
HIALEAH, FLORIDA 33014

Mailing Address
SAME

3. Date Incorporated or Qualified: OCT 18, 1995
3a. Date of Last Report: 1995
4. FEI Number: 65-0625034 — [ ] 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. 199.032, Florida Statutes [✓] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent
81 Name: Francis A. Anania, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): Suite 3300 International Place
83 100 Southeast Second St.
84 City: Miami FL 85 Zip Code: 33131

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] June 6, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	[ ] DELETE
NAME	ISAAC BARROCAS	
STREET ADDRESS	137 ROSALES CT.	
CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE	VICE PRESIDENT	[ ] DELETE
NAME	MARK BARROCAS	
STREET ADDRESS	19601 EAST COUNTRY CLUB DR	
CITY-ST-ZIP	AVENTURA, FL 33178	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC'Y-TREASURER	[ ] DELETE
NAME	MARILYN BARROCAS	
STREET ADDRESS	137 ROSALES CT	
CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	300001 ... 034 -05/28/96--01054--034 ****233.75 ****233.75	[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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.

SIGNATURE: [signature] ISAAC BARROCAS 5/23/96 305-362-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #