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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020381 (5)

FANTASY BEDSPREAD OUTLET CORP.

Principal Place of Business	Mailing Address
9807 NW BOTH AVENUE BAY 11-F	9807 NW BOTH AVENUE BAY 11-F
HIALEAH GARDENS FL 33016	HIALEAH GARDENS FL 33016

FILED Mar 19 1997 8:00am Secretary of State



Suite, Apt. #, etc.	Applied For Not Applicable Additional Required May Be d to Fees s. 199.032,
2. Principal Place of Business 2a. Mailing Address 4. FET Number 5. Suite, Aprt. 41, etc. 5. Suite, Aprt. 41, etc. 5. Contificate of Status Desired 58.75 Fee f 5. Contificate of Status Desired Desired Desired Agent 58.75 Fee f 5. Contificate of Status Desired Agent 58.75 Fee f 5. Contificate of Status Desired Agent 58.75 Fee f 5. Contificate 58.75 Fee f 58.75	Not Applicable Additional Required May Be d to Fees s. 199.032,
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B1 Name	
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HIALEAH GARDENS FL 33016 84 City FL 85 Zig 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 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 a agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes SIGNATURE Signature typical or prefer laminar of registered agent and title diagnization. (NOTI fregretiese Agent signature required when reinstating) DAIL 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITHE PD IGLESIAS, NIDIA 8838 NW 110TH STREET 13 SIRET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FL 33016 DELETE 11 TITLE DELETE 31 TITLE Change STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE DELETE 31 TITLE Change C	
### City #FL 85 Zip ### Zi	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above named corporation submits this statement for the purpose of changing 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 a agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PD OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PD OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PD OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY ST 2IP TITLE DELETE 13. STREET ADDRESS CITY ST 2IP TITLE DELETE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY ST 2IP TITLE DELETE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY ST 2IP TITLE DELETE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY ST 2IP TITLE DELETE 3. TITLE DELETE 4. TITLE DELETE 4. TITLE DELETE 4. TITLE DELETE Change Change	
SIGNATURE Signature typed or privided name of registred agent and title 4 applicable. (NOTE flagiture Agent signature required whon reinstating). DATE 12. OF FICE RS AND DIRECTORS TITLE PD	its registered is registered
12. OFFICERS AND DIRECTORS TITLE PD DELETE 1.1 THE SUBJECT OFFICERS AND DIRECTORS NAME IGLESIAS, NIDIA 1.2 NAME STREET ADDRESS 8836 NW 110TH STREET 1.3 STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FL 33016 1.4 CHY-ST-ZIP TITLE DELETE 2.1 THE 2.2 NAME 2.2 NAME STREET ADDRESS CFTY-ST-ZIP 2.4 CHY-ST-ZIP TITLE DELETE 3.1 THE 3.2 NAME STREET ADDRESS CITY-ST-ZIP 3.2 NAME STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-ST-ZIP TITLE 3.5 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-ST-ZIP TITLE DELETE 3.4 CHY-ST-ZIP TITLE DELETE 3.4 CHY-ST-ZIP TITLE DELETE 3.4 CHY-ST-ZIP TITLE DELETE 4.1 THE DELETE 3.4 CHY-ST-ZIP TITLE DELETE 3.4 CHY-ST-ZIP TITLE DELETE 4.1 THE DELETE 3.5 CHANGE	
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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.

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305-820-8678