## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P96000058731 (6)

B&W EMBROIDERY, INC.

Principal Place of Business	Mailing Address		
13800 N.W. 18TH AVENUE BAY 18	13800 N.W. 19TH AVENUE B		
OPA LOCKA FL 33054	OPA LOCKA FL 33054		

## **FILED** May 05 1998 8:00am Secretary of State



13800 N.W. 197H AVENUE BAY 18 13800 N.W. 197H AVENUE BAY OPA LOCKA FL 33054 OPA LOCKA FL 33054		IUE BAY 18					
	* · = =:==*				DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 07/11/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26		_	65-0679720	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
22		27			6. Cermicate of Status Desired	Fee R	lequired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	,		Trust Fund Contribution	Added	to Fees
Zip	Country	<b>Ζ</b> φ	Count	гу	8. This corporation owes or has paid the cu		
24	25	29	30]				□ No
	9. Name and Address of Cur	10. Name and Address of New Registered	Agent				
	OLON, BRENDA R	W 4A	8	1 Name			
	3800 N.W. 19TH AVENUE BA' PA LOCKA FL 33054	Y 18	8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	- "	
_			8	3			
}			8	4 City	FL	<b>85</b> Zip	Code
office or re	egistered agent, or both, in the St	0502 and 607.1508, Florida Statute ate of Florida. Such change was a bligations of, Section 607.0505, Flo	uthorized	by the corpor	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the ap	of changing	its registered s registered
SIGNATURE			<del> </del>				
	Signature, typed or printed name of migisterical	Lagent and title if applicable (NOTI AND DIRECTORS	: Registered A	gent signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTO	DC IN 12
12.	PD	DELETE	11 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	COLON, BRENDA R		1.2 NAM			C) Olimigo	
STREET ADDRESS	13800 N.W. 19TH AVENU	IE RAV 10	1	ET ADDRESS			
· · · · · · · · · · · · · · · · · · ·	OPA ŁOCKA FL	DE DAT 10	1.4 City	1			ļ.
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE			Change	Addition
NAME	COLON, WALTER P		2.2 NAM			<b>—</b>	
STREET ADDRESS	13800 N.W. 19TH AVENU	IF RAY 18		E1 ADDRESS			
CITY-ST-ZIP	OPA LOCKA FL 33054	DE DAT TO	2.4 CITY				
TITLE	OTA ECONATE COOCT	DELETE	3.1 TITLE			Change	Addition
NAME		<del></del>	3.2 NAM			_ •	
STREET ADDRESS			1	ET ADDRESS			Ì
CITY-ST-ZIP			3.4. CITY				i
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAM	IE			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition ,
NAME			5.2 NAM	E .			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP		<del></del>	
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAM				
STREET ADDRESS			6.3 STRE	ET ADDRESS			ľ
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			

I 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 informatio indicated on this annual report or supplemental annual report is frue 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.