

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

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Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90020 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000058731

1. Corporation Name  
B&W EMBROIDERY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
13800 N.W. 19TH AVENUE BAY 18  
OPA LOCKA FL 33054  
15050 N.E. 20<sup>th</sup> AVE, SUITE # 108  
NORTH MIAMI, FL 33181

Mailing Address  
13800 N.W. 19TH AVENUE BAY 18  
OPA LOCKA FL 33054  
SAME

3. Date Incorporated or Qualified  
07/11/1996

2. Principal Place of Business  
21 15050 N.E. 20<sup>th</sup> AVENUE  
Suite, Apt. #, etc.  
22 # 108  
City & State  
23 NORTH MIAMI, FL  
Zip  
24 33181  
Country  
25 USA

2a. Mailing Address  
26 15050 N.E. 20<sup>th</sup> AVENUE  
Suite, Apt. #, etc.  
27 # 108  
City & State  
28 NORTH MIAMI, FL  
Zip  
29 33181  
Country  
30 USA

4. FEI Number  
65-0679720  
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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
COLON, BRENDA R  
13800 N.W. 19TH AVENUE BAY 18  
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
15050 N.E. 20<sup>th</sup> AVENUE  
83  
84 City NORTH MIAMI FL 85 Zip Code 33181

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, BRENDA R	1.2 NAME	
STREET ADDRESS	13800 N.W. 19TH AVENUE BAY 18	1.3 STREET ADDRESS	15050 N.E. 20 <sup>th</sup> AVENUE
CITY-ST-ZIP	OPA LOCKA FL	1.4 CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, WALTER P	2.2 NAME	
STREET ADDRESS	13800 N.W. 19TH AVENUE BAY 18	2.3 STREET ADDRESS	15050 N.E. 20 <sup>th</sup> AVENUE
CITY-ST-ZIP	OPA LOCKA FL 33054	2.4 CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Brenda R. Colon, President 4-9-99 305-944-6353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)