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

PROFIT CORPORATION ANNUAL REPORT

1998



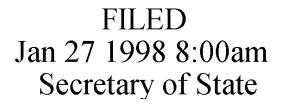
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600080003 (2)

FUN STITCHES INC.



FOR STITCHES INC.		_		
Principal Place of Business	Mailing Address		# 10011001 110 10110 MILLS 00311 00311 00113 60181 1	EIN BOLL EDIN MAIND INN INN
2339 W. 9 CT. HIALEAH FL 33010	2339 W. 9 CT. Hialeah Fl 33010		DO NOT WRITE IN THIS	S SPACE
			3. Date incorporated or Qualified	JOFAGE
			09/26/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0697921	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing	\$5.00 May Be
23	26		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the cu	
24 25 25	29 30 Current Registered Agent	)	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
<del></del>	Current Hedisteled Adeut	81 Name	10. Name and Address of New Registered	Agent
MORENO, ANA		, , , , , , , , , , , , , , , , , , ,		j
2339 W. 9 CT.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33010		83		
		84 City	FI	85 Zip Code
11 Pursuant to the provisions of Sections 6	607 0502 and 607 1508 Florida Statutes	the above-named corp		
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.				
agent. I am tamiliar with, and accept the	e obligations of, Section 607.0505, Florid	da Statutes.		
SIGNATURE Signature, typed or printed name of regis	stered agent and tille if applicable (NOTE B	logistered Agent signature require	ed when reinslating) DATE	
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE DP	☐ DELETE	1.1 TITLE		Change Addition
NAME MORENO, ANA		1.2 NAME		
STREET ADDRESS 10281 NW 125 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP HIALEAH FL 33016		1.4 CITY - ST - ZIP		
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - ST - 2IP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY+ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADORESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	140 07(0V) T	

4. 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.

SIGNATURE.

alexa Mareno

1/2/92

225- 822-2051