

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

FILED
Jun 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000092989 1. Corporation Name MARILEN CHILDREN'S CLOTHING CORPORATION			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 P.O. BOX 52-5364 Suite, Apt. #, etc.		2a. Mailing Address 26 c/o 250 CATALONIA AVE Suite, Apt. #, etc. 27 SUITE 705 City & State 28 CORAL GABLES, FL Zip Country 29 33134 30 U.S.A.	
22 MIAMI, FLORIDA Zip Country 24 33152-5364 25 U.S.A.		3. Date Incorporated or Qualified NOV. 11, 1996 3a. Date of Last Report	
4. FEI Number		X Applied For Not Applicable \$8.75 Additional Fee Required	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BEATRIZ M. CAPOTE 1101 BRICKELL AVENUE, 17th FLOOR MIAMI, FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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			
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Martinez de Cruz	1.2 NAME	
STREET ADDRESS	P.O. BOX 52-5364	1.3 STREET ADDRESS	N/A
CITY - ST - ZIP	Miami, FL 33152-5364	1.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Yanira Cruz Martinez	2.2 NAME	
STREET ADDRESS	P.O. BOX 52-5364	2.3 STREET ADDRESS	N/A
CITY - ST - ZIP	Miami, FL 33152-5364	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mario Jose Cruz Martinez	3.2 NAME	
STREET ADDRESS	P.O. BOX 52-5364	3.3 STREET ADDRESS	N/A
CITY - ST - ZIP	Miami, FL 33152-5364	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Addition
NAME		5.2 NAME	800002210008
STREET ADDRESS		5.3 STREET ADDRESS	-06/16/97--01101--038
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***165.00
TITLE	<input type="checkbox"/> DELETE	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 do 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:		Helen Martinez de Cruz	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/96)

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6/11/97