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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90269 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000064588

1. Corporation Name
 HIALEAH SEWING SUPPLY CORPORATION



Principal Place of Business
 1504 EAST 4TH AVE
 HIALEAH FL 33010

Mailing Address
 1504 EAST 4TH AVE
 HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 07/22/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 65-0851725 | |
| 22 | | 27 | | 5. Certificate of Status Desired | |
| City & State | | City & State | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | |
| Zip | | Zip | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 29 | | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| Country | | Country | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| LAZO, FRANCISCO 10901 N. KENDALL DR., #111 MIAMI FL 33186 | | | | 81 Name | | | |
| | | | | DURAN ANTONIO - E. | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 657 W. 30th Street | | | |
| | | | | 83 | | | |
| | | | | 84 City | | 85 Zip Code | |
| | | | | Hialeah | | FL 33012 | |

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 *Antonio E. Duran* Antonio E. Duran DP 4-19-1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|----------------------------|--|---|-------------------------|--|
| TITLE | XXX | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAZO, FRANCISCO | | 1.2 NAME | DURAN ANTONIO E. | |
| STREET ADDRESS | 10901 N. KENDALL DR., #111 | | 1.3 STREET ADDRESS | 657 W. 30th Street | |
| CITY-ST-ZIP | MIAMI FL 33186 | | 1.4 CITY-ST-ZIP | Hialeah FL 33012 | |
| TITLE | | <input type="checkbox"/> DELETE | 2.1 TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | 2.2 NAME | DURAN SERGIO | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 8431 Johnson Street | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | Penbroke-Pines FL 24024 | |
| TITLE | | <input type="checkbox"/> DELETE | 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 | | <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"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| 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 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: *Antonio E. Duran* 305 389-0212 4-19-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)