

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S70410 (3)

1. Corporation Name

THE RAG SHOP/HIALEAH, INC.



Principal Place of Business

Mailing Address

WESTLAND HIALEAH PROMEN.
3600-100 18TH AVE
HIALEAH FL 33012
US

THE RAG SHOP/HIALEAH, INC.
111 WAGARAW RD
HAWTHORNE NJ 07506
US

3. Date Incorporated or Qualified 08/02/1991	3a. Date of Last Report 04/27/1995
4. FEI Number 65-0288865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

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	CDP <input type="checkbox"/> DELETE	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERENZWEIG, STANLEY	1.2 NAME	
STREET ADDRESS	111 WAGARAW RD. RAG SHOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NJ	1.4 CITY-ST-ZIP	HAWTHORNE, NJ 07506
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERENZWEIG, DORIS	2.2 NAME	
STREET ADDRESS	111 WAGARAW RD. RAG SHOP	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NJ	2.4 CITY-ST-ZIP	HAWTHORNE, NJ 07506
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDO, JUDITH	3.2 NAME	
STREET ADDRESS	111 WAGARAW RD. RAG SHOP	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NJ	3.4 CITY-ST-ZIP	HAWTHORNE, NJ 07506
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERENZWEIG, EVAN	4.2 NAME	
STREET ADDRESS	111 WAGARAW RD. RAG SHOP	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NJ	4.4 CITY-ST-ZIP	HAWTHORNE, NJ 07506
TITLE	VTD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, STEVEN	5.2 NAME	
STREET ADDRESS	111 WAGARAW RD. RAG SHOP	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NJ	5.4 CITY-ST-ZIP	HAWTHORNE, NJ 07506
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AARONSON, MICHAEL
STREET ADDRESS		6.3 STREET ADDRESS	111 WAGARAW ROAD, RAG-SHOP
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HAWTHORNE, NJ 07506

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN BARNETT SENIOR VICE PRESIDENT

APR 25 1999

(201) 423-1303

Date

Daytime Phone

CR2E034 (12/95)