

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # 515576 (7)  
 1. Corporation Name  
**STEIN'S WOMEN WEAR, INC.**



Principal Place of Business Mailing Address  
 19731 NE 22 AVE 19731 NE 22 AVE  
 N MIAMI BCH FL 33180 N MIAMI BCH FL 33180  
 US US

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 29 Country 30 Country

3. Date Incorporated or Qualified 09/30/1976 3a. Date of Last Report 05/31/1995  
 4. FEI Number 59-1778841 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**STEIN, RODOLFO**  
**19731 NE 22ND AVENUE**  
**NORTH MIAMI BCH FL 33180**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when registering.)  
 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: SD NAME: STEIN, SARA STREET ADDRESS: 19731 NE 22 AVE CITY-ST-ZIP: N MIAMI BCH FL <input type="checkbox"/> DELETE	11 TITLE 12 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE: PD NAME: STEIN, RODOLFO STREET ADDRESS: 19731 NE 22 AVE CITY-ST-ZIP: N MIAMI BCH FL <input type="checkbox"/> DELETE	21 TITLE 22 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE	31 TITLE 32 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE	41 TITLE 42 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE	51 TITLE 52 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE	61 TITLE 62 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 63 STREET ADDRESS 64 CITY-ST-ZIP

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)(f), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rodolfo Stein PD* 6/12/96 (305) 932-3518  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)