

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90069 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 533509

1. Corporation Name
RICHLAND MILLS, INC.

Principal Place of Business 3965 EAST 10TH COURT HIALEAH FL 33013	Mailing Address 3965 EAST 10TH COURT HIALEAH FL 33013
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1735873	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MARX, JAMES ESQUIRE 200 S. BISCAYNE BLVD. SUITE 1870 MIAMI FL 33131				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, RICHARD B	1.2 NAME	<i>CFO S</i>
STREET ADDRESS	3965 EAST 10TH COURT	1.3 STREET ADDRESS	<i>Martin Suskin</i>
CITY-ST-ZIP	HIALEAH FL 33013	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGAZA, CARMEN	2.2 NAME	
STREET ADDRESS	3965 EAST 10TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, KEITH	3.2 NAME	
STREET ADDRESS	3965 EAST 10TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	3.4 CITY-ST-ZIP	
TITLE	<i>DST D</i>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALMIRALL, JOSE	4.2 NAME	S
STREET ADDRESS	3965 EAST 10TH COURT	4.3 STREET ADDRESS	Martin Suskin
CITY-ST-ZIP	HIALEAH FL 33013	4.4 CITY-ST-ZIP	3965 E. 10th Court Hialeah, FL 33013
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPLIN, MARK	5.2 NAME	
STREET ADDRESS	3965 EAST 10TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASHAW, SCOTT	6.2 NAME	
STREET ADDRESS	3965 E. 10TH COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	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: *Scott Bashaw* **REC'D** **FILED** *1/4/99* **305-836-5826**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)