

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 # F95000000231 (9)

1. Corporation Name

ACME TEXTILE CO. LTD.



Principal Place of Business

Mailing Address

P.O. BOX 640039
~~OAKLAND GARDENS~~ NY 11364-0039
FLUSHING,

P.O. BOX 640039
~~OAKLAND GARDENS~~ NY 11364-0039
FLUSHING,

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. # etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/13/1995

3a. Date of Last Report

4. FEI Number
11-3111598

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and the corporation

(Note: Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **P SHAIKH, ZAHEER**
STREET ADDRESS **1010 NORTHERN BLVD.**
CITY - ST - ZIP **GREAT NECK NY 11021**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP Change Addition

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 added in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

1-800-338-2425

Dayton, Florida

CR2E034 (12/95)