

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K28912 (9)**
1. Corporation Name
CADENA FABRICS CORP.

Principal Place of Business	Mailing Address
% JOHN SULLIVAN 801 BRICKELL AVE. STE 1301 MIAMI FL 33131-9902	% JOHN SULLIVAN 801 BRICKELL AVE. STE 1301 MIAMI FL 33131-9902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1988	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0064120	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> 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 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
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SULLIVAN, JOHN 801 BRICKELL AVE SUITE 1301 MIAMI FL 33131		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 _____ DATE _____
Signature typed or printed name of registered agent and fee if applicable. (FOTL Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO, JUAN	12. NAME	
STREET ADDRESS	801 BRICKELL AVE	13. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	14. CITY- ST- ZIP	
TITLE	DP	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNACCI, RUIZ	22. NAME	
STREET ADDRESS	801 BRICKELL AVE	23. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	24. CITY- ST- ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-CALDERON, TEODOR N	32. NAME	
STREET ADDRESS	801 BRICKELL AVE	33. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	34. CITY- ST- ZIP	
TITLE	DS	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDELO, JOSE NOVO	42. NAME	
STREET ADDRESS	801 BRICKELL AVE	43. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	44. CITY- ST- ZIP	
TITLE	V	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN S.	52. NAME	
STREET ADDRESS	801 BRICKELL AVE.	53. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	54. CITY- ST- ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		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 110.07(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 or 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: _____ DATE: **APR 1995** (305) 381-8340
Signature typed or printed name of signing officer or director