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**Mar 25 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # K28912

(9)

1. Corporation Name
CADENA FABRICS CORP.



Principal Place of Business
**701 BRICKELL AVE., STE 850
MIAMI FL 33131**

Mailing Address
**701 BRICKELL AVE., STE 850
MIAMI FL 33131-2851**

3. Date Incorporated or Qualified 07/20/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0064120	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 checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Assn #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**SULLIVAN, JOHN
701 BRICKELL AVE., STE 850
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 OF REGISTERED AGENT (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO, JUAN	1.2 NAME	
STREET ADDRESS	801 BRICKELL AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNACCI, RUIZ	2.2 NAME	
STREET ADDRESS	701 BRICKELL AVE., STE 850	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33131	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-CALDERON, TEODOR N	3.2 NAME	
STREET ADDRESS	701 BRICKELL AVE., STE 850	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33131	3.4 CITY-STATE-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDELO, JOSE NOVO	4.2 NAME	
STREET ADDRESS	701 BRICKELL AVE., STE 850	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33131	4.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN S.	5.2 NAME	
STREET ADDRESS	701 BRICKELL AVE., STE 850	5.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33131	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 included 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 or changed by an attachment with an address.

SIGNATURE: JOHN S. SULLIVAN / VICE-PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 **305-381-8340**
Date Daytime Phone #

CR2E034 (9/96)