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PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

97 JAN -2 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K90830

AMENDED REPORT

1. Corporation Name

COTTON VALLEY TEXTILES CORP.

Principal Place of Business

Mailing Address

c/o Jan M.S. Black, Esq.
1500 San Remo Ave., #125
Coral Gables, FL 33146
U.S.

c/o Jan M.S. Black, Esq.
1500 San Remo Ave., #125
Coral Gables, FL 33146
U.S.

3. Date Incorporated or Qualified
05/25/1989

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc

26 State, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0129113

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

10. Name and Address of New Registered Agent

Black, Jan M.S.
1500 San Remo Ave.
Suite 125
Coral Gables, FL 33146

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 50% shareholder

(If the registered agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DVP DELETE
NAME: Carlos Romagosa
STREET ADDRESS: 11728 S.W. 1st Street
CITY, ST, ZIP: Coral Springs, FL 33071

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

TITLE: DP DELETE
NAME: Hector Romagosa
STREET ADDRESS: 1178 S.W. 1st Street
CITY, ST, ZIP: Coral Springs, FL 33071

2. TITLE Change Addition
2.1 NAME
2.2 STREET ADDRESS
2.3 CITY, ST, ZIP

TITLE: DT DELETE
NAME: Jorge T. Blohm
STREET ADDRESS: 10477 N.W. 4th Street
CITY, ST, ZIP: Coral Springs, FL 33071

3. TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE: DS DELETE
NAME: Mary Lou Blohm
STREET ADDRESS: 10477 N.W. 4th Street
CITY, ST, ZIP: Coral Springs, FL 33071

4. TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE: D DELETE
NAME: Jose Maria Fragachan
STREET ADDRESS: Apartado 2018
CITY, ST, ZIP: Caracas, 1010A Venezuela

5. TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE: D DELETE
NAME: Carlos H. Blohm
STREET ADDRESS: Apartado 2018
CITY, ST, ZIP: Caracas, 1010A Venezuela

6. TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 or changed, or on an attachment with an address.

SIGNATURE:

Hector Romagosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector Romagosa - President

Date:

12/17/96 (954)8452623

Signature Phone #

CR2E034 (12/95)