

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

FILED
Feb 28 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1997
DOCUMENT # K90830 (6)
 1. Corporation Name
COTTON VALLEY TEXTILES CORP.



Principal Place of Business Mailing Address
C/O JAN M.S. BLACK, ESO.
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146
US

3. Date Incorporated or Qualified **05/25/1989** 3a. Date of Last Report **09/23/1996**
 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

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

9. Name and Address of Current Registered Agent
BLACK, JAN M.S.
1500 SAN REMO AVE
SUITE 125
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BLOHM, ALFREDO	
STREET ADDRESS	APARTADO 2018	
CITY-ST-ZIP	CARACAS 1010A VENEZUELA	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BLOHM, CARLOS H	
STREET ADDRESS	APARTADO 2018	
CITY-ST-ZIP	CARACAS 1010A VENEZUELA	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ-BLAT, JUAN PABLO	
STREET ADDRESS	5757 BLUE LAGOON DR., STE. 140	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FRAGACHAN, JOSE MARIA	
STREET ADDRESS	APARTADO 2018	
CITY-ST-ZIP	CARACAS 1010A VENEZUELA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEMPER, AVELEDO	
STREET ADDRESS	APARTADO 2018	
CITY-ST-ZIP	CARACAS 1010A VENEZUELA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	URRUELA, JUAN FRANCISCO	
STREET ADDRESS	5757 BLUE LAGOON DR., STE. 140	
CITY-ST-ZIP	MIAMI FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROMAGOSA, Carlos	
1.3 STREET ADDRESS	11728 S.W. 1st Street	
1.4 CITY-ST-ZIP	Coral Springs, FL 33071	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROMAGOSA, Hector	
2.3 STREET ADDRESS	11728 S.W. 1st Street	
2.4 CITY-ST-ZIP	Coral Springs, FL 33071	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BLOHM, Jorge T.	
3.3 STREET ADDRESS	10477 N.W. 4th Street	
3.4 CITY-ST-ZIP	Coral Springs, FL 33071	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BLOHM, Mary Lou	
4.3 STREET ADDRESS	10477 N.W. 4th Street	
4.4 CITY-ST-ZIP	Coral Springs, FL 33071	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: _____ DATE: **2/12/97** DAYTIME PHONE #: **(954)3451183**

CR2E034 (9/96)