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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **K90830** (6)

1. Corporation Name
COTTON VALLEY TEXTILES CORP.

Principal Place of Business Mailing Address

C/O JAN M.S. BLACK, ESQ.
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146
US

C/O JAN M.S. BLACK, ESQ.
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146
US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **05/25/1989** 3a. Date of Last Report **08/11/1995**

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

**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 Applicable) **30000 19711 75**

83 **10/11/95-01014-003**
*****225.00 ***225.00**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLOHM, ALFREDO	
STREET ADDRESS	5757 BLUE LAGOON DR., STE. 440	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BLOHM, CARLOS H.	
STREET ADDRESS	5757 BLUE LAGOON DR., STE. 440	
CITY-ST-ZIP	MIAMI FL 33133	
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	5757 BLUE LAGOON DR., STE. 440	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEMPER, OSCAR A.	
STREET ADDRESS	5757 BLUE LAGOON DR., STE. 140	
CITY-ST-ZIP	MIAMI FL 33133	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Apartado 2018
1.4 CITY-ST-ZIP	Caracas, 1010A Venezuela
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Apartado 2018
2.4 CITY-ST-ZIP	Caracas, 1010A Venezuela
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Apartado 2018
4.4 CITY-ST-ZIP	Caracas, 1010A Venezuela
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Klempner, Aveledo
5.3 STREET ADDRESS	Apartado 2018
5.4 CITY-ST-ZIP	Caracas, 1010A Venezuela
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 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 registered agent 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 appointment with an address.

SIGNATURE: *[Signature]* 9/10/96 011-582-403-3605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)