

3-9-98 B2973 C  
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 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # K90830 (6)  
 1. Corporation Name  
 COTTON VALLEY TEXTILES CORP.



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

Mailing Address: C/O JAN M.S. BLACK. ESO. 1500 SAN REMO AVE. STE. 125 CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	c/o Robert A. Stamen	26	c/o Robert A. Stamen	05/25/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	1500 San Remo Avenue #125	27	1500 San Remo Avenue #125	65-0129113	
City & State		City & State		Applied For	
23	Coral Gables, FL	28	Coral Gables, FL	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	33146	29	33146	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 c/o Robert A. Stamen	
				82 Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue	
				83 Suite 125	
				84 City Coral Gables FL 85 Zip Code 33146	
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: Robert A. Stamen				DATE: 3/2/98	
(NOTE: Registered Agent signature required when reinstating)					

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMAGOSA, CARLOS		1.2 NAME		
STREET ADDRESS	11728 SW 1ST ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMOGOSA, HECTOR		2.2 NAME		
STREET ADDRESS	11728 S.W. 1ST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMAGOSA, HECTOR		3.2 NAME		
STREET ADDRESS	11728 SW 1ST ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOHM, MARY LOU		4.2 NAME		
STREET ADDRESS	10477 N.W. 4TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		4.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOHM, JORGE T		5.2 NAME		
STREET ADDRESS	10477 NW 4TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOHM, MARY LOU		6.2 NAME		
STREET ADDRESS	10477 NW 4TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		6.4 CITY-ST-ZIP		

14. I 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; that 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: Carlos Romagosa 02/20/98 (407)3661974

CR2E034 (10/97)