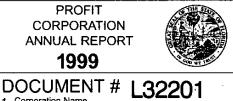
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90116 046 ***150.00

1. Corporation Name	LUZZUI		
GENERAL SPINNING	INC.		
		ni.	

	,							
Principal Place	e of Business	Ma	ailing Address					
721 W. 25TH ST. HIALEAH FL 33010		HIA	721 W. 25TH ST. HIALEAH FL 33010					
US US						DO NOT WRITE IN THIS SPACE		
	,						3. Date Incorporated or Qualifed 11/28/1989	
	Place of Business	2a.	2a. Mailing Address				4. FEI Number Applied For	
21		26	A TABLE TO THE PARTY OF THE PAR				65-0172749 Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27					Fee Required	_
City & Stat	e		City & State				6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28	Zip Country				Trust Fund Contribution Added to Fees	
24			30		arru y		8. This corporation owes the current year Intangible Personal Property Tax.	
[24]	9. Name and Address of Curren	29 t Regist	tered Agent	30			10. Name and Address of New Registered Agent	
					81	Name		
	ry, clifton H., Sr.							
	W 25TH ST.				82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
HIAL	EAH FL 33010				83			
					84	City	FL 85 Zip Code	
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florid	la. Such change was a	uthorize	d by t	the corpora	proration submits this statement for the purpose of changing its registered attion's board of directors. I hereby accept the appointment as registered	
SIGNATURE								
OIGHWITORE	Signature, typed or printed name of registered agen	and title if	applicable. (NOTE	: Registered	Agent	t signature requ	ired when reinstating) DATE	á
12.	OFFICERS AN) DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	R2F034 (11/98)
TITLE	DPS		☐ DELETE	1,1 Ti			Change Addition	Ξ
NAME				1.2 NA				73
STREET ADDRESS	1111 SW 128TH DR			1.3 STREET ADDRES		ADDRESS		屰
CITY-ST-ZIP	DAVIE FL		- December	1.4 CITY-ST-ZIP		- ZIP		ά
TITLE	VP		☐ DELETE	2.1 ∏			☐ Change ☐ Addition	`
NAME	PERRY, CLIFTON H J			2.2 NAME				
STREET ADDRESS	1750 W. 46 ST.					ADDRESS		
CITY-ST-ZIP	A#		□ ocusts		ITY-S1	T- ZIP	☐ Change ☐ Addition	
TITLE	ST CODAL I		DELETE	3.1 TI	_		☐ Change ☐ Addition ☐	<u>-</u>
NAME	PERRY, OPAL J s 1111 SW 128 DR		3.2 N					
STREET ADDRESS	DAVIE FL					ADDRESS		
CITY-ST-ZIP	DAVIE FL		☐ DELETE	3.4. C	1TY-\$1	I-ZIP	☐ Change ☐ Addition	
TITLE							Criange Addition	
NAME				4. 2 N				
STREET ADDRESS				1		ADDRESS		
CITY-ST-ZIP	DELETE				TY-ST	-ZIP	☐ Change ☐ Addition	
		L. DELLIL	5.1 TITLE 5.2 NAME					
NAME STORET ADDRESS				5.3 STREET ADDRESS		ADDRESS		
STREET ADDRESS					TY-ST			
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TI			☐ Change ☐ Addition	
NAME			0	6.2 N				
						ADDRESS		
STREET ADDRESS					TY-ST-			

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 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, with all other like empowered.