

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 AUG -3 AM 9:58
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P93000017639 (4)

1. Corporation Name
COTTON RAG'S, INC.

Principal Place of Business	Mailing Address
7380 W. 20TH AVE. BAY 115 HIALEAH FL 33016	7380 W. 20TH AVE. BAY 115 HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/05/1993		3a. Date of Last Report 08/09/1994	
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.		
22	City & State			27	City & State		
23	Zip	Country	28	Zip	Country	29	30
4. FEI Number 65-0400417				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				8. This corporation has liability for intangible tax under s. 199.034, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WONG, MARCIAL 7380 W. 20TH AVE. BAY 115 HIALEAH FL 33016				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, MARCIAL	1.2 NAME	
STREET ADDRESS	7380 W. 20TH AVE., BAY 115	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33016	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, MARIA	2.2 NAME	
STREET ADDRESS	7380 W. 20TH AVE., BAY 115	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33016	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(h), Florida Statutes. I further certify that the information indicated on the 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **8-21-95**

CR2E034 (3/95)