

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000064295 (4)
1. Corporation Name
TEXTILE EQUIPMENT LEASING CORPORATION



Principal Place of Business
9801 COLLINS AVE UNIT 17C
BAL HARBOUR FL 33454

Mailing Address
9801 COLLINS AVE UNIT 17C
BAL HARBOUR FL 33154-1823

3. Date Incorporated or Qualified
08/01/1996

3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29

4. FEI Number
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
GIULIANTI, STACEY A
8751 W BORWARD BLVD STE 408
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name Joseph Kopelowitz - apt 17C
82 Street Address (P.O. Box Number is Not Acceptable) 9801 COLLINS Ave
83 Bal Harbour
84 City
85 Zip Code FL 33154

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: *Joseph Kopelowitz* (NOTE: Registered Agent signature required when reinstating) DATE: 4/2/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPELOWITZ, JOSEPH	1.2 NAME	
STREET ADDRESS	9801 COLLINS AVE UNIT 17C	1.3 STREET ADDRESS	
CITY - ST - ZIP	BAL HARBOUR FL 33454	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPELOWITZ, BETTY	2.2 NAME	
STREET ADDRESS	9801 COLLINS AVE UNIT 17C	2.3 STREET ADDRESS	
CITY - ST - ZIP	BAL HARBOUR FL 33454	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Joseph Kopelowitz* DATE: 4/2/97 DAYTIME PHONE #: 305-864-4402

CR2E034 (9/96)