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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # \$70044

(0)

TEXTILE ENGINEERS OF AMERICA, INC.

**FILED** Apr 18 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	Mailing Address			-  I	ANDI DIAN DIAN		
1172 N.W. 163RD DRIVE 1172 N.W. 163RD DRIVE MIAMI FL 33169-5816									
						3. Date Incorporated or Qualified 07/31/1991	3a. Date of Last Report 04/19/1996		
2. Principal P	Place of Business	2a. Mailing Address	)			4. FEI Number 65-0292715		<del></del>	oplied For
Sulte, Apt.	#, elc.	Suite, Apt. #, etc.	<del></del> 1			5. Certificate of Status Desired		8.75	Additional equired
City & Stat	е	City & State	——————————————————————————————————————			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 24	Country 25					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  .  Yes No			
	9. Name and Address of Cu	ırrent Registered Agent				10. Name and Address of New Re	gistered Age	nt	
DIA	Z, ROY			81	Name				
2101 CORPORATE BLVD SUITE 300 BOCA RATON FL 33431					Street Addre	ess (P.O. Box Number is Not Acceptab	ile)		
				83					
11		<u> </u>		84	City			1	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.									s registered registered
SIGNATURE	Signature, typed or printed name of registore	od agent and title if applicable (NOT	E. Registered	Ager	nt signature required	d when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	IS IN 12
TITLE			1.1 1/1	LE				Change	Addition
NAME	AURIEMMA, JOHN E.		1.2 NAM						
STREET ADDRESS	1172 N.W. 163RD DR.		1.3 STREE		ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		I-ZIP				i
TITLE	S .	☐ DELETE	2.1 TITLE		[		L	Change	Addition (
NAME	AURIEMMA, FRANK C.		2.2 NA	2.2 NAME					
STREET ADDRESS	1172 N.W. 163RD DR. MIAMI FL		2 3 STREET						
CITY-ST-ZIP	MIAMI FL	DEVETE	2.4 CITY-S		1 - ZIP				
TITLE		DELETE	3.1 TITLE					Change	Addition
NAME STREET ADDRESS			3.2 NAME		1000000				
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		1				
TITLE			4.1 Till		1 - ZIP			Change	Addition
NAME			4. 2 NA					ondings	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CIT		l l				
TITLE		DELETE	5.1 TITLE		•			Change	Addition
NAME			5.2 NA	ME				•	_
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CIT						1
TITLE	☐ DELE		6.1 TITLE					Change	Addition
NAME			6.2 NAM	ΛE					
STREET ADDRESS			63 S1R	EE1 A	DDRESS				
CITY-ST-ZIP			64 CITY	Y-ST-	ZIP				
14. I do hereb	v certify that the information sup-	plied with this filing does not qualify				n Section 119 07(3)(i) Florida Statutes	I further cor	ify that t	bo

information indicated on this I am an officer or director appears in Block 12 or Block oport or supplied with institute does not quality for the exemption stated in section 19.07(3)(t), Florida Statutes. Frurther certify that the oport is supplied entitle annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that oration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and or on an attachment with an address.