Applied For

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999

Ζiρ

DIAZ, ROY

24



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$70044

Country

9. Name and Address of Current Registered Agent

25

| 1. Corporation Name TEXTILE ENGINEERS OF AMERICA, INC. | | | | | | | | |
|--------------------------------------------------------|-----------------------------------------|--|--|--|--|--|--|--|
| Principal Place of Business | Mailing Address | | | | | | | |
| 1172 N.W. 163RD DRIVE MIAMI FL 33169 | 1172 N.W. 163RD DRIVE Miami FL 33169 | | | | | | | |
| Principal Place of Business | 2a. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | | | | |
| City & State | City & State | | | | | | | |

28

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Zip

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90055 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/31/1991 4. FEI Number

- 65:0292715

82 Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

| 2101 | CORPORATE BLVD SUITE 300 | | | | · | , . | • | | |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|------------------------------|------------------------|--|
| BOCA RATON FL 33431 | | | 83 | - | | | | | |
| | | | 84 | City | | | 85 Zip (| Code | |
| | | | 04 | City | | FL | 103 Zip (| 3000 | |
| office or r | to the provisions of Sections 607.0502 and 6 egistered agent, or both, in the State of Florion familiar with, and accept the obligations of | ta. Such change was au | ithorized by | the corporation | poration submits this statement on's board of directors. I hereb | for the purpose of y accept the appoir | changing its ntment as re | registered gistered | |
| SIGNATURE | *** | # Ebi- | Classistand Ago | of cionature require | nd when coinclation) | DATE | | i | |
| 12. | digitation, types of printed items at registrate age. | | | and the second s | | | | | |
| | P OFFICERS AND DIRE | □ DELETE | 1.1 TITLE | | ADDITIONOGIANCEO | 10 01110210741 | Change | Addition | |
| TITLE | • | | | | | | •·· | | |
| NAME | AURIEMMA, JOHN E. | • | 1.2 NAME | | | | | | |
| STREET ADDRESS | 1172 N.W. 163RD DR. | | 1.3 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-S | ST-ZIP | | | | = A Titos | |
| ΠΠLE | S | ☐ DELETE | 2.1 TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | 'AURIEMMA, FRANK C. | | 2.2 NAME | | | | | | |
| STREET ADDRESS | - 1172 N.W. 163RD DR | ور را مینی درستگیری د | - 2.3 STREE | TADDRESS | ن بر سرخد سي | | • | | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY- | ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | | • | 3.2 NAME | | | | | | |
| | • | | | TADDRESS | • | | | | |
| STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | . , | ☐ DELETE | 3.4. CITY- 4.1 TITLE | S1-ZIP | | | ☐ Change | Addition | |
| TITLE | | C) Dece 16 | | | | | | | |
| NAME | • | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | | 4.3 STREE | TADDRESS | | | • | | |
| CITY-ST-ZiP | | | 4.4 CITY-5 | ST-ZIP | * | | | | |
| TITLE | - | □ DELETE | 5.1 TITLE | | | | Change | ☐ Addition | |
| NAME | • | | 5.2 NAME | | | | | | |
| STREET ADORESS | | | 5.3 STREE | TADORESS | | | | | |
| CITY-ST-ZIP | • | | 5.4 CITY- | ST- ZIP | | | | | |
| TITLE | , , , , , , , | ☐ DELETE | 6.1 TITLE | | | - | ☐ Change | ☐ Addition | |
| NAME - | | | 6.2 NAME | | | | | | |
| | [整元] 医肾髓 医多种毒物 | | 63 STREE | TADORESS | | | ٠. | | |
| STREET ADDRESS | 1.7 | | 6.4 CITY- | | | | | | |
| CITY-ST-ZIP | certify that the information cumplied with this | | | | 0 | | : £ . 41 4 41 1 | -6 | |

Country

81 Name

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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 register 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/29

305-685-9844 Daytime Phone #

-CEDENSA (11/08)