

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 489205 (5)

1. Corporation Name

AZZE TEXTILE NOVELTY, INC.

Principal Place of Business

1036 S.W. 1 ST.  
MIAMI FL 33130  
US

Mailing Address

1036 S.W. 1 ST.  
MIAMI FL 33130  
US

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

22

City & State

23 MIAMI FLORIDA,

24

Zip

33145

25

Country

US.

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

27

City & State

28 MIAMI FLORIDA,

29

Zip

33145

30

Country

US.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.  
1036 S.W. 1 ST.  
MIAMI FL 33130

3. Date Incorporated or Qualified  
11/10/1975

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-1627896

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

10. Name and Address of New Registered Agent

81 Name

FLORIDA ANNUAL REPORT SERVICES INC.

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

2300 CORAL WAY SUITE # 200

83

84 City

MIAMI

FL

85 Zip Code

33145

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Signature, typed or printed name of registered agent and title, if applicable.

AMADA CANTERA LOPEZ, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

AZZE, JORGE

STREET ADDRESS

921 WEST 46TH STREET

CITY - ST - ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

AZZE, BELLA I

STREET ADDRESS

921 WEST 46TH STREET

CITY - ST - ZIP

MIAMI FL

TITLE

S

☐ DELETE

NAME

AZZE, JORGE S

STREET ADDRESS

5441 SW 84 TERR

CITY - ST - ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

APPROVED  
AND  
FILED

96 MAY -1 PM 6:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

