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

FILED
96 SEP 23 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K90830 (6)

1. Corporation Name
COTTON VALLEY TEXTILES CORP.

Principal Place of Business	Mailing Address
C/O JAN M.S. BLACK. ESQ. 1500 SAN REMO AVE., STE. 125 CORAL GABLES FL 33146 US	C/O JAN M.S. BLACK. ESQ. 1500 SAN REMO AVE., STE. 125 CORAL GABLES FL 33146 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 05/25/1989
3a. Date of Last Report: 08/11/1995
4. FEI Number: 65-0129113 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

BLACK, JAN M.S.
1500 SAN REMO AVE
SUITE 125
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
100001971175
-10/11/96--01014--003
83 ****225.00 ****225.00
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		XX Change ☐ Addition
NAME	BLOHM, ALFREDO		1.2 NAME		
STREET ADDRESS	~~5757 BLUE LAGOON DR., STE. 140~~		1.3 STREET ADDRESS	Apartado 2018	
CITY-ST-ZIP	~~MIAMI FL 33126~~		1.4 CITY-ST-ZIP	Caracas, 1010A Venezuela	
TITLE	DVP	☐ DELETE	2.1 TITLE		XX Change ☐ Addition
NAME	BLOHM, CARLOS H.		2.2 NAME		
STREET ADDRESS	~~5757 BLUE LAGOON DR., STE. 140~~		2.3 STREET ADDRESS	Apartado 2018	
CITY-ST-ZIP	~~MIAMI FL 33126~~		2.4 CITY-ST-ZIP	Caracas, 1010A Venezuela	
TITLE	DS	XX DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ-BLAT, JUAN PABLO		3.2 NAME		
STREET ADDRESS	5757 BLUE LAGOON DR., STE. 140		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		XX Change ☐ Addition
NAME	FRAGACHAN, JOSE MARIA		4.2 NAME		
STREET ADDRESS	~~5757 BLUE LAGOON DR., STE. 140~~		4.3 STREET ADDRESS	Apartado 2018	
CITY-ST-ZIP	~~MIAMI FL 33126~~		4.4 CITY-ST-ZIP	Caracas, 1010A Venezuela	
TITLE	D	☐ DELETE	5.1 TITLE		XX Change ☐ Addition
NAME	~~KLEMPRER, OSCAR A.~~		5.2 NAME	Klemprer, Aveledo	
STREET ADDRESS	~~5757 BLUE LAGOON DR., STE. 140~~		5.3 STREET ADDRESS	Apartado 2018	
CITY-ST-ZIP	~~MIAMI FL 33126~~		5.4 CITY-ST-ZIP	Caracas, 1010A Venezuela	
TITLE	D	XX DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	URRUELA, JUAN FRANSISCO		6.2 NAME		
STREET ADDRESS	5757 BLUE LAGOON DR., STE. 140		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		6.4 CITY-ST-ZIP		

10-9-96

CR2E034 (12/95)

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: _____ 9/10/96 011-582-403-3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #