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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 297751

(0)

HERMAN TEXTILE, INC.

Principal Place of Business	
% LERMAN AND LERMAN PA 48 E FLAGLER ST (PENTHOUSE	100
TO E I DIOCEN OF ILLIAMOUNE	1017

Mailing Address

FILED Mar 04 1998 8:00am Secretary of State



	IND LERMAN PA IR ST (PENTHOUSE 101) 131	% Lerman and Lerman P 48 e Flagler St (Pentho Miami Fl 33131			DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualified 10/18/1965	¢E	
_ `	face of Business	2e. Mailing Address			4. FEI Number	Applied For	
21		26			59-1108550	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				8.75 Additional	
22		27			a. Certificate of Status Desired	Fee Required	
City & State	е	City & State			6. Election Campalgn Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	_ Country	/	8. This corporation owes or has paid the curren		
24	25	29 30			Personal Property Tax due June 30.		
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	int	
	IAC, MANUEL		81	Name	ı		
1	D SE 2ND STREET		82	Street	Address (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
SU	ITE 2350					•	
MM	AMI FL 33131		63				
			84	City	I f	35 Zip Code	
			"	l City	FL]	a 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							
	Signature, typed or printed name of registered agen			ent aignature	re required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE	PD	DELETE	1.1 TITLE		I	Change	
NAME	SMOLAR, HERMAN	1	1.2 NAME				
STREET ADDRESS	89 NE 40 STREET		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S	ST-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE		l Li	Change	
NAME	LERMAN, ISIDORO		2.2 NAME				
STREET ADDRESS	48 E. FLAGLER ST PH 101		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY -	ST-ZIP			
TATLE		☐ D€LETE	3.1 TITLE			Change	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS		•	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	<u></u>		5.4 CITY-S	IT-ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME]		
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
14 I hereby o	pertify that the information supplied wit	h this filing does not qualify for t	he evemn	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify	that the information	
officer or of Block 12 of	on this annual report or supplemental director of the corporation or the recei or Block 13 if changed, or on an attact	angual report is true and accura- ver or trustee empowered to exe hme It with an address.	are and this	at my sig report as	gnature shall have the same legal effect as if made under s required by Chapter 607, Florida Statutes; and that my r	oatn; that I am an name appears in	