


3-9-98 B2973 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K90830** (6)  
1. Corporation Name  
**COTTON VALLEY TEXTILES CORP.**

Principal Place of Business <b>C/O JAN M.S. BLACK. ESO. 1500 SAN REMO AVE., STE. 125 CORAL GABLES FL 33146 US</b>	Mailing Address <b>C/O JAN M.S. BLACK. ESO. 1500 SAN REMO AVE., STE. 125 CORAL GABLES FL 33146 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>c/o Robert A. Stamen</b> Suite, Apt. #, etc. 22 <b>1500 San Remo Avenue #125</b> City & State 23 <b>Coral Gables, FL</b> Zip 24 <b>33146</b>		2a. Mailing Address 26 <b>c/o Robert A. Stamen</b> Suite, Apt. #, etc. 27 <b>1500 San Remo Avenue #125</b> City & State 28 <b>Coral Gables, FL</b> Zip 29 <b>33146</b>		3. Date Incorporated or Qualified <b>05/25/1989</b>	
		4. FEI Number <b>65-0129113</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BLACK, JAN M.S. 1500 SAN REMO AVE SUITE 125 CORAL GABLES FL 33146</b>				10. Name and Address of New Registered Agent 81 Name <b>c/o Robert A. Stamen</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1500 San Remo Avenue</b> 83 Suite 125 84 City <b>Coral Gables</b> <b>FL</b> 85 Zip Code <b>33146</b>			
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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 Robert A. Stamen DATE 3/2/98  
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	<b>DVP</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ROMAGOSA, CARLOS</b>			1.2 NAME			
STREET ADDRESS	<b>11728 SW 1ST ST</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ROMOGOSA, HECTOR</b>			2.2 NAME			
STREET ADDRESS	<b>11728 S.W. 1ST STREET</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>			2.4 CITY-ST-ZIP			
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ROMAGOSA, HECTOR</b>			3.2 NAME			
STREET ADDRESS	<b>11728 SW 1ST ST</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BLOHM, MARY LOU</b>			4.2 NAME			
STREET ADDRESS	<b>10477 N.W. 4TH STREET</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>			4.4 CITY-ST-ZIP			
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BLOHM, JORGE T</b>			5.2 NAME			
STREET ADDRESS	<b>10477 NW 4TH ST</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>			5.4 CITY-ST-ZIP			
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BLOHM, MARY LOU</b>			6.2 NAME			
STREET ADDRESS	<b>10477 NW 4TH ST</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; that 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: Carlos Romagosa **CARLOS ROMAGOSA** 02/20/98 (407)3661974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # F01151215

CR2E034 (10/97)