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 Mar 09 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # K90830 (6)
 1. Corporation Name
 COTTON VALLEY TEXTILES CORP.



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

2. Principal Place of Business 21 c/o Robert A. Stamen Suite, Apt. #, etc. 22 1500 San Remo Avenue #125 City & State 23 Coral Gables, FL Zip 24 33146		2a. Mailing Address 26 c/o Robert A. Stamen Suite, Apt. #, etc. 27 1500 San Remo Avenue #125 City & State 28 Coral Gables, FL Zip 29 33146		3. Date Incorporated or Qualified 05/25/1989	
		4. FEI Number 65-0129113		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		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 BLACK, JAN M.S. 1500 SAN REMO AVE SUITE 125 CORAL GABLES FL 33146				10. Name and Address of New Registered Agent 81 Name c/o Robert A. Stamen 82 Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue 83 Suite 125 84 City Coral Gables FL 85 Zip Code 33146			
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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 3/2/98
 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAGOSA, CARLOS	1.2 NAME	
STREET ADDRESS	11728 SW 1ST ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMOGOSA, HECTOR	2.2 NAME	
STREET ADDRESS	11728 S.W. 1ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAGOSA, HECTOR	3.2 NAME	
STREET ADDRESS	11728 SW 1ST ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOHM, MARY LOU	4.2 NAME	
STREET ADDRESS	10477 N.W. 4TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOHM, JORGE T	5.2 NAME	
STREET ADDRESS	10477 NW 4TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOHM, MARY LOU	6.2 NAME	
STREET ADDRESS	10477 NW 4TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	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, typed or printed name of signing officer or director Date Day/Time Phone # 0015215

CR2E034 (10/97)