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PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 256198



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90101 001 ***150.00

	EXTILES, INC.					 				
										
Principal Plac	ce of Business	Mailing Address								
144 N E FIRST AVE 144 N E FIRST AVE MIAMI FL 33132 MIAMI FL 33132										
MIAMI FL 33132 MIAMI FL 33132						DO NOT WRITE IN THIS SPACE				
i						3. Date Incorporated or Qualifed			,	
						02/21/1962				
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number Applied			ed For	
21		26				59-0949475		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	5. Certificate of Status Desired		T - '		ditional
22		27			<u> </u>	5. Certificate of Status Desired			Requ	
City & Sta	te	City & State				6. Election Campaign Financing			00 M	
23						Trust Fund Contribution		Add	led to I	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	ar Intar	ngible	٠	181.
24	25]		30			Personal Property Tax. 10. Name and Address of New Register	ا	X 7		No
	9. Name and Address of Current	Registered Agent		81 1	Name	10. Name and Address of New Register	rea or	gen		+
BAK	ALCHUK, RAMON						<u> </u>			
	D EMERSON AVENUE		[82 8	Street Addre	ess (P.O. Box Number is Not Acceptable)				Ì
*	RESIDE FL 33154		ĺ	83	 _					
-			ļ	_						
			ĺ	84 (City		FL	85 2	Zip Coo	de (
office or agent. I a	registered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 607.0505, Flori	ithorized ida Statu	by the	e corporation	n's board of directors. I hereby accept the a	ippoint	ment a	s regis	terea
SIGNATURE	Clonature hand or printed name of registered agent	and title if analicable (NOTE:	Registered	Agent sic	nature required	when reinstating) DAT	E			<u> </u>
	Signature, typed or printed name of registered agent			Agent sig	gnature required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:		DIREC	CTORS	
12.	OFFICERS ANI		Registered 13.		gnature required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	S AND	DIREC		S IN 12
12.	OFFICERS AND	DIRECTORS	13.	LE	gnature required		S AND			
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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 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, with all other like empowered.

SIGNATURE: