FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001504451
-06/02/95--01027--018
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 489205 (5)

1. Corporation Name
AZZE TEXTILE NOVELTY, INC.

Principal Place of Business
1036 SW FIRST ST
MIAMI FL 33130
US

Mailing Address
1036 SW FIRST ST
MIAMI FL 33130
US

3. Date Incorporated or Qualified: 11/10/1975
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1036 S.W. 1 ST.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FLA.	City & State 28
Zip 24 33130 / Country 25 US.	Zip 29 / Country 30

4. FEI Number: 59-1627896 ☐ 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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FL ANNUAL RPT SVCS
1036 SOUTHWEST FIRST STREET
MIAMI FL

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1036 S.W. 1 ST.
83
84 City: MIAMI FL 85 Zip Code: 33130

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] AMADA C. LOPEZ. PRES 4/25/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AZZE, JORGE
STREET ADDRESS	921 WEST 46TH STREET
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	AZZE, BELLA I
STREET ADDRESS	921 WEST 46TH STREET
CITY ST ZIP	MIAMI FL
TITLE	S
NAME	AZZE, JORGE S
STREET ADDRESS	5441 SW 84 TERR
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE	8/25/26	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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)(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.

SIGNATURE: [signature] PRES/DIR. 4/25/95
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

0126180 CP