


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91027 009 ***150.00

DOCUMENT # 529044 1. Entity Name FASHION TOWEL IMPORTS CORP.	
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Principal Place of Business 1501 N.W. 82ND AVE. MIAMI, FL 33126	Mailing Address 1501 N.W. 82ND AVE. MIAMI, FL 33126
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03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1751795	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CANO, LILIA E
1501 N.W. 82ND AVE.
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT SAGRERA B., RICARDO 1501 N.W. 82ND AVE. MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENBERG, RICHARD <i>SAGRERA B., RICARDO</i> 1501 N.W. 82ND AVE. MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOL M., EDUARDO 1501 N.W. 82ND AVE. MIAMI, FLORIDA -0;
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOL, JOSE EDUARDO 1501 NW 82 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANO, LILIA E. 1501 NW 82 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #