

APPROVED
AND
FILED

pg. 1 of 2

AMENDED
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

1997 JUN 25 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 553526 Corporation Name Blau Textile COMPANY, INC.			
Principal Place of Business 1400 NW 79th Avenue Miami, FL 33126		Mailing Address 1400 NW 79th Avenue Miami, FL 33126	
1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number	Applied For
22. City & State	27. City & State	5. Certificate of Status Desired	Not Applicable
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALAN GREENFIELD, Atty 2600 Douglas RD Suite 911 Coral Gables, FL 33134		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. State 86. Zip Code	
11. Pursuant to the provisions of Sections 807.0502 and 807.1306, 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 807.0505, Florida Statutes.			
SIGNATURE			
Signature (typed or printed name of registered agent and not a signature) (NOTE: Registered Agent signature required when terminating)			
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
12. TITLE	13. NAME	17. TITLE	18. NAME
NAME	14. STREET ADDRESS	17. NAME	18. STREET ADDRESS
STREET ADDRESS	15. CITY-STATE-ZIP	17. CITY-STATE-ZIP	18. CITY-STATE-ZIP
CITY-STATE-ZIP	16. CITY-STATE-ZIP	17. CITY-STATE-ZIP	18. CITY-STATE-ZIP
TITLE	19. NAME	21. TITLE	22. NAME
NAME	20. STREET ADDRESS	21. STREET ADDRESS	22. STREET ADDRESS
STREET ADDRESS	23. CITY-STATE-ZIP	21. CITY-STATE-ZIP	22. CITY-STATE-ZIP
CITY-STATE-ZIP	24. CITY-STATE-ZIP	21. CITY-STATE-ZIP	22. CITY-STATE-ZIP
TITLE	25. NAME	23. TITLE	24. NAME
NAME	26. STREET ADDRESS	23. STREET ADDRESS	24. STREET ADDRESS
STREET ADDRESS	27. CITY-STATE-ZIP	23. CITY-STATE-ZIP	24. CITY-STATE-ZIP
CITY-STATE-ZIP	28. CITY-STATE-ZIP	23. CITY-STATE-ZIP	24. CITY-STATE-ZIP
TITLE	29. NAME	25. TITLE	26. NAME
NAME	30. STREET ADDRESS	25. STREET ADDRESS	26. STREET ADDRESS
STREET ADDRESS	31. CITY-STATE-ZIP	25. CITY-STATE-ZIP	26. CITY-STATE-ZIP
CITY-STATE-ZIP	32. CITY-STATE-ZIP	25. CITY-STATE-ZIP	26. CITY-STATE-ZIP
TITLE	33. NAME	27. TITLE	28. NAME
NAME	34. STREET ADDRESS	27. STREET ADDRESS	28. STREET ADDRESS
STREET ADDRESS	35. CITY-STATE-ZIP	27. CITY-STATE-ZIP	28. CITY-STATE-ZIP
CITY-STATE-ZIP	36. CITY-STATE-ZIP	27. CITY-STATE-ZIP	28. CITY-STATE-ZIP
TITLE	37. NAME	29. TITLE	30. NAME
NAME	38. STREET ADDRESS	29. STREET ADDRESS	30. STREET ADDRESS
STREET ADDRESS	39. CITY-STATE-ZIP	29. CITY-STATE-ZIP	30. CITY-STATE-ZIP
CITY-STATE-ZIP	40. CITY-STATE-ZIP	29. CITY-STATE-ZIP	30. CITY-STATE-ZIP
14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), 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. 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 my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.			
SIGNATURE: Robert B Stern		14/29/97	



ACCOUNT NO. : 072100000032

REFERENCE : 441436 162689A

AUTHORIZATION : *Patricia Puyot*

COST LIMIT : \$ ~~61.25~~ *550.00*

ORDER DATE : June 25, 1997

ORDER TIME : 10:58 AM

ORDER NO. : 441436-005

CUSTOMER NO: 162689A

CUSTOMER: Adam Mishcon, Esq
Adam Mishcon, Esq
2569 Tigertail Avenue

Coconut Grove, FL 33133

6/1.25 FET
59-1767889

ANNUAL REPORT FILING

NAME: BLAU TEXTILE CO.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Stscherban

EXAMINER'S INITIALS:

RECEIVED
97 JUN 25 PM 1:20
DIVISION OF CORPORATION
6/20/97