

**FILED**

**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90044 001 \*\*\*150.00

553170

DO NOT WRITE IN THIS SPACE

DOCUMENT # 59 2207				May 22, 2001 8:00 am Secretary of State 05-22-2001 90044 001 ***150.00			
1. Entity Name Omnia Fabrics Inc.				553170			
Principal Place of Business 3485 NW 71th Ave Miami FL 33147		Mailing Address 1041 NW 125 Ave Sunrise FL 33323		DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number 59-1885145		Applied For Not Applicable	
				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Alan Pinkwasser 2145 NE 204 St Miami FL 33179				7. Name and Address of New Registered Agent Name: David Tacher Street Address (P.O. Box Number is Not Acceptable): 1041 NW 125 Ave City: Sunrise FL Zip Code: 33323			
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.							
SIGNATURE: [Signature] Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating) DATE:			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: President NAME: Richard Rupp STREET ADDRESS: 3521 Othman Lane CITY-ST-ZIP: Cooper City FL 33026		Delete		TITLE: Change Addition			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		Change Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		Change Addition	
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: Daytime Phone #:			