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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE: 🗲



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 29 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 814094

(9)

MADEMOISELLE NET MILLS, INC.

Principal Place	o of Business	Mailirig Address	Mailirig Address			t ingelet seifet, eilert feitet mehrit lietzt ät fich eilert eiltet dietzt dietzt dietzt eilert ener		
494 W. 20TH S HIALEAH FL 33		494 W. 20TH STREET HIALEAH FL 33010-2428						
MALEAN FL 33	UIU	MALEAN FL WOIL-2420						
					3. Date Incorporated or Qualified 12/15/1959	3a. Date of La 02/29/19		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
<u>n                                     </u>	# -1-	26	<u> </u>		13-1920675		Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc	·····		5. Certificate of Status Desired	1 1 7	75 Additional se Required	
City & State	e	City & State			6. Election Campaign Financing	\$5	.00 May Be	
:3		28	····		Trust Fund Contribution	, ,	ded to Fees	
Zip	Country Zip Count			У	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No  10. Name and Address of New Registered Agent				
₽ATI	CHEN, SOL	on registered Agent	8	Name	Ig. Italia ata Adalba at tan Ita	gietorou Agoin	***************************************	
	10 NE 6 COURT		-	N 0: 1 A 1	de Company			
	IAMI FL 33161		82	Street Add	dress (P.O. Box Number is Not Accepta	oie)		
, , , , , , , , , , , , , , , , , , , ,			83	3	<u> </u>			
			8	l City		lor	Zip Code	
			10	City		FL 85	Zip Code	
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was at	uthorized b	by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appointmen	nt as registered	
SIGNATURE	Signaria - Typi is an tended name of regulated a	aço cano et e it applicable (NOTE:	: Registered A	gent signature requ	uirad when reinstating)	DATE	···	
12.	OFFICERS A	ANO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC		
TIT( <del>{</del>	VD	DELETE	1.1 TITLE			Cha	inge	
NAME:	AIBEL, RICHARD		1.2 NAME					
STREET ADDRESS	9 Lighthouse RD Greatneck Ny			T ADDRESS				
CITY - ST - ZIP THILE	PD	DELETE	1.4 CITY - 2.1 TITLE			☐ Cha	ange Addition	
NAMÉ	AIBEL, LAWRENCE	F.J bettit	22 NAMI				inge neemen	
STREET ADDRESS	7 STERLING PLACE			T ADDRESS				
CHY-SI-ZIP	LAWRENCE NY		2 4 City	-ST-ZIP				
TITLE		DELETE	31 TITLE			☐ Cha	ange Addition	
NAME			3 2 NAMI	:				
STREET ADDRESS			3.3 STRE	et address				
CITY - ST - 7/P		T priete	3.4. CITY			1 00	Addition	
TITLE		L_J DELETE	4.1 TITLE	ł ·		L Cha	ange Addition	
NAME STOCK LANGUESS			4. 2 NAM	ET ADDRESS				
STREET ADDRESS  CITY-ST-742			4.3 STRE					
1:1LE		DELETE	5.1 TITLE			Cha	inge Addition	
NAME			5.2 NAMI					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY - ST - ZIP	F 11		5.4 CITY	-ST-ZIP				
TITLE	☐ DELETE 6.1 TI		6.1 TITLE			☐ Chi	ange	
NAME			6.2 NAM	l				
STREET ADORESS				ET ADDRESS				
Offy ST 2IF	by couldy that this information over	lied with this filing does not qualify	64 City		ed in Section 119.07(3)(i), Florida Statuti	as I further cortifu	that the	
informalic	on indicated on this armual report o	or supplemental annual report is tri	ue and ac	curate and the	at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as if mad	le under oath; that	
appears	in Block 12 or Block 13 if changed	, or on an attachment with an add	ereu to exe Iress.	cute ins rep	on as required by oriables but, Florida	ວເດເບເອຈ, ສະເບ ເກີຍໃ	my name	
	// A	1. ( ) *A . A		Prince #	/ // -			