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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

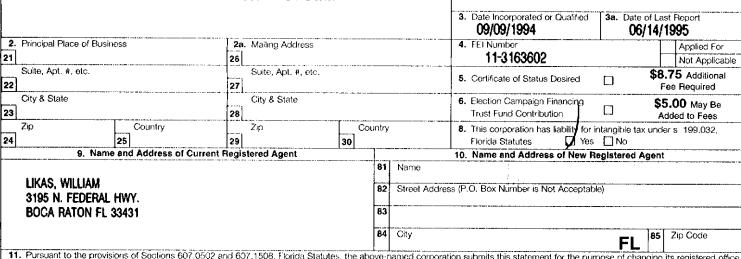
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LUCKY TEXTILE CORPORATION

Principal Place of Business 3195 N. FEDERAL HWY. BOCA RATON FL 33431 Mailing Address

3195 N. FEDERAL HWY, BOCA RATON FL 33431



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 egistered agont and title if applicable (NOTi: Registered Agent signature required when reinstating) 12. FFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PDC ☐ Change TITLE □ DELETE 1. 1 TITLE Addition LIKAS, WILLIAM NAME 1.2 NAME 102 40 JAMAICA AVE. STREET ADDRESS 1.3 STREET ADDRESS **RICHMOND HILL NY 11418** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE TITLE ☐ Change 2. 1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY-S1-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 THILE Change Addition

NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7P 44 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-2IP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 of 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, often an algorithment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:/

NAME

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 407 59 28464

CR2E034 (12/95)