

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Tallahassee, FL 32399-0001

**APPROVED
AND
FILED**

95 MAY -1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G06136 (7)

1. Corporation Name

CASTELLANOS DRAPERY EXPORT INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
111 N.W. 79TH STREET MIAMI FL 33150	111 N.W. 79TH STREET MIAMI FL 33150

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	2b. State, Apt. # etc.
22. City & State	2c. City & State
23. Zip	2d. Zip

3. Date Incorporated or Qualified	3a. Date of Last Report
10/26/1982	04/18/1994
4. FEI Number	Applied For / Not Applicable
59-2239863	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
6. This corporation has liability for delinquent tax under 215.02, Florida Statutes	Yes / No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASTELLANOS, RIGOBERTO 111 NW 79TH STREET MIAMI FL 33150	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0545 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 607.0545, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94
NAME: P CASTELLANOS, RIGOBERTO SR. 2500 SW 6TH ST APT 301 MIAMI FL	1. NAME 2. STREET ADDRESS 3. CITY & STATE
NAME: VP CASTELLANOS, RIGOBERTO JR. 6200 SW 35 ST MIAMI FL	4. NAME 5. STREET ADDRESS 6. CITY & STATE
NAME: VP CASTELLANOS, ALEJANDRO 2500 SW 6TH ST APT 404 MIAMI FL	7. NAME 8. STREET ADDRESS 9. CITY & STATE
NAME: VPT MEIZOSO, ISABEL 8601 NE 8TH CT MIAMI FL	10. NAME 11. STREET ADDRESS 12. CITY & STATE
NAME: S GALIANA, TOMAS 115 MADEIRAS CORAL GABLES MIAMI FL	13. NAME 14. STREET ADDRESS 15. CITY & STATE
NAME: _____	16. NAME 17. STREET ADDRESS 18. CITY & STATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption stated in Sections 119.071(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate, and that my signature shall make this filing a legal filing. I am of legal age and fully qualified to execute on behalf of the corporation or the receiver or trustee or assignor of the corporation or the receiver or trustee or assignor of the corporation, and that my name appears in the filing. I am not a director, officer, or agent of the corporation.

SIGNATURE: *Eduardo Salazar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/95