

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90030 016 \*\*\*150.00

DOCUMENT # **G06136**

1. Corporation Name

**CASTELLANOS DRAPERY EXPORT INC.**

Principal Place of Business

111 N.W. 79TH STREET  
MIAMI FL 33150

Mailing Address

111 N.W. 79TH STREET  
MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1982

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

4. FEI Number

59-2239863

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CASTELLANOS, RIGOBERTO  
111 NW 79TH STREET  
MIAMI FL 33150

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME CASTELLANOS, RIGOBERTO SR.  
STREET ADDRESS 2500 SW 6TH ST APT 301  
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE  
NAME CASTELLANOS, RIGOBERTO JR.  
STREET ADDRESS 6200 SW 35 ST  
CITY-ST-ZIP MIAMI FL

TITLE VP ☒ DELETE  
NAME CASTELLANOS, ALEJANDRO  
STREET ADDRESS 2500 SW 6TH ST APT 404  
CITY-ST-ZIP MIAMI FL

TITLE VPT ☐ DELETE  
NAME MEIZOSO, ISABEL  
STREET ADDRESS 8601 NE 8TH CT  
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE  
NAME GALIANA, TOMAS  
STREET ADDRESS 115 MADEIRAS CORAL GABLES  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE VP ☐ Change ☒ Addition  
3.2 NAME Lopez, Maria Teresa  
3.3 STREET ADDRESS 12801 SW 25 Terr  
3.4 CITY-ST-ZIP Miami, FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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; 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 12 or Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Rigoberto Castellanos* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0222086