FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G44263 (3)

1. Corporation Name
C AND L TEXTILES CORPORATION

Principal Place of Business	Mailing Address
7805 N.W. 146TH STREET MIAMI LAKES FL 33016	7805 N.W. 146TH STREET MIAMI LAKES FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/17/1983
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2389152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENBERG, CAROL
5500 COLLINS AVENUE #2004
MIAMI BEACH FL 33140

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, ELLIOT	1.2 NAME	
STREET ADDRESS	95 KINGS POINT RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREAT NECK NY	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, CAROL	2.2 NAME	
STREET ADDRESS	5500 COLLINS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, LORRAINE	3.2 NAME	
STREET ADDRESS	5500 COLLINS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, DAVID	4.2 NAME	
STREET ADDRESS	4474 NAUTILIS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	ARMINIO, LAUREN	5.2 NAME	
STREET ADDRESS	3309 WASHINGTON LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	Sterlan Greenberg	6.2 NAME	
STREET ADDRESS	701 LAKEVIEW DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach Fl	6.4 CITY-ST-ZIP	

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)(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 my address.

SIGNATURE: Carol Greenberg 4/24/95 305-826-3383
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

000078 CP