

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90282 029 ***150.00

DOCUMENT # G44263

1. Corporation Name

C AND L TEXTILES CORPORATION

Principal Place of Business

13125 N.W. 47TH AVE
OPA LOCKA FL 33054
US

Mailing Address

13125 N.W. 47TH AVE
OPA-LOCKA FL 33054
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1983

4. FEI Number

59-2389152

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

2. Principal Place of Business

2a. Mailing Address

21 13225 N.W. 47TH AVE

26 13225 N.W. 47TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 OPA LOCKA, FL

City & State

28 OPA LOCKA, FL

Zip

24 33054

Country

25 DADE

Zip

29 33054

Country

30 DADE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE

NAME **GREENBERG, ELLIOT**

STREET ADDRESS **95 KINGS POINT RD**

CITY-ST-ZIP **GREAT NECK NY**

TITLE **C** ☐ DELETE

NAME **GREENBERG, CAROL**

STREET ADDRESS **5500 COLLINS AVE**

CITY-ST-ZIP **MIAMI BCH, FL 00000**

TITLE **V** ☐ DELETE

NAME **GREENBERG, LORRAINE**

STREET ADDRESS **5500 COLLINS AVE**

CITY-ST-ZIP **MIAMI BCH, FL 00000**

TITLE **ST** ☐ DELETE

NAME **GREENBERG, DAVID**

STREET ADDRESS **4474 NAUTILUS DRIVE**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **V** ☐ DELETE

NAME **ARMINIO, LAUREN**

STREET ADDRESS **3309 WASHINGTON LANE**

CITY-ST-ZIP **COOPER CITY FL**

TITLE **P** ☐ DELETE

NAME **GREENBERG, STEVEN**

STREET ADDRESS **701 LAKEVIEW DRIVE**

CITY-ST-ZIP **MIAMI BEACH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

305 688-6760

Daytime Phone #

CR2E034 (1/98)