

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

FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K90830** (6)

1. Corporation Name  
**COTTON VALLEY TEXTILES CORP.**

Principal Place of Business  
**C/O JAN M.S. BLACK, ESO.  
1500 SAN REMO AVE., STE. 125  
CORAL GABLES FL 33146  
US**

Mailing Address  
**C/O JAN M.S. BLACK, ESO.  
1500 SAN REMO AVE., STE. 125  
CORAL GABLES FL 33146-3049  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACK, JAN M.S.  
1500 SAN REMO AVE  
SUITE 125  
CORAL GABLES FL 33146**

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	BLOHM, ALFREDO	
STREET ADDRESS	APARTADO 2018	
CITY-ST-ZIP	CARACAS 1010A VENEZUELA	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BLOHM, CARLOS H	
STREET ADDRESS	APARTADO 2018	
CITY-ST-ZIP	CARACAS 1010A VENEZUELA	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ-BLAT, JUAN PABLO	
STREET ADDRESS	5757 BLUE LAGOON DR., STE. 140	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FRAGACHAN, JOSE MARIA	
STREET ADDRESS	APARTADO 2018	
CITY-ST-ZIP	CARACAS 1010A VENEZUELA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEMPER, AVELEDO	
STREET ADDRESS	APARTADO 2018	
CITY-ST-ZIP	CARACAS 1010A VENEZUELA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	URRUELA, JUAN FRANCISCO	
STREET ADDRESS	5757 BLUE LAGOON DR., STE. 140	
CITY-ST-ZIP	MIAMI FL 33133	

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROMAGOSA, Carlos	
1.3 STREET ADDRESS	11728 S.W. 1st Street	
1.4 CITY-ST-ZIP	Coral Springs, FL 33071	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROMAGOSA, Hector	
2.3 STREET ADDRESS	11728 S.W. 1st Street	
2.4 CITY-ST-ZIP	Coral Springs, FL 33071	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BLOHM, Jorge T.	
3.3 STREET ADDRESS	10477 N.W. 4th Street	
3.4 CITY-ST-ZIP	Coral Springs, FL 33071	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BLOHM, Mary Lou	
4.3 STREET ADDRESS	10477 N.W. 4th Street	
4.4 CITY-ST-ZIP	Coral Springs, FL 33071	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97

(954)3451183

Date

Daytime Phone #

CR2E034 (9/96)