FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L24585** **(6)**

1. Corporation Name

BARNETT TEXTILE, INC.

Principal Place of Business	Mailing Address
C/O LEGAL ASSETS, INC ~~1110 BRICKELL AVE PENTHOUSE~~ ~~MIAMI FL 33131~~ ~~US~~	% LEGAL ASSETS, INC. ~~1110 BRICKELL AVENUE PENTHOUSE~~ ~~MIAMI FL 33131~~ ~~US~~

3. Date Incorporated or Qualified: 10/23/1989	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0189826	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1401 BRICKELL AVENUE	26 1401 BRICKELL AVENUE
Suite, Apt. #, etc. 22 SUITE 700	Suite, Apt. #, etc. 27 SUITE 700
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

9. Name and Address of Current Registered Agent

~~LEGAL ASSETS, INC.~~
~~1110 BRICKELL AVENUE~~
~~PENTHOUSE~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1401 BRICKELL AVENUE

83
SUITE 700

84 City: MIAMI FL 85 Zip Code: 33131

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: LEGAL ASSETS, INC. By: Walter J. Stanton III, Secretary/Treasurer DATE: 4/24/96
Signature, Type or Print Name of Individual and Capacity or Title

12. OFFICERS AND DIRECTORS		☐ DELETE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☒ Change ☐ Addition
TITLE	DPS		TITLE	
NAME	TETAZ, OLIVIER		12 NAME	
STREET ADDRESS	~~1110 BRICKELL AVENUE, PH~~		13 STREET ADDRESS	1401 Brickell Avenue, Suite 700
CITY-ST-ZIP	MIAMI FL 33131		14 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	200001829282
STREET ADDRESS			53 STREET ADDRESS	-05/20/96--01043--002
CITY-ST-ZIP			54 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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: Olivier Tetaz, President DATE: 4 02 96 Daytime Phone #: (305) 371-8797