
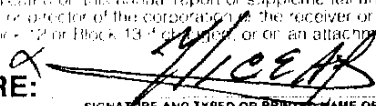


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 52670 1. Corporation Name OCEAN TEXTILES INC.			
2. Principal Place of Business 3302 No. Miami Ave. Miami - FL 33127		3. Date Incorporated or Qualified 02-22-50	
21. Sate, Apt. #, etc. 22. City & State 23. Zip		3a. Date of Last Report 1-21-97 4. FEI Number 65-0176024 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. City & State 25. Zip		26. Mailing Address 27. Sate, Apt. #, etc. 28. City & State 29. Zip	
9. Name and Address of Current Registered Agent Hiram Licera 8890 NE. 10 AVE. Miami - FL 33138		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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <input type="checkbox"/> DELETE Presid. - SECRE. 2. NAME MARTINA M. ROSARIO 3. STREET ADDRESS 8890 NE. 10 AVE. 4. CITY - ST - ZIP Miami - FL 33138		11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP	
5. TITLE <input type="checkbox"/> DELETE TREASURER - 6. NAME HIRAM LICERA 7. STREET ADDRESS 8890 NE. 10 AVE. 8. CITY - ST - ZIP Miami - FL 33138		21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	
9. TITLE <input type="checkbox"/> DELETE 10. NAME 11. STREET ADDRESS 12. CITY - ST - ZIP		31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP	
13. TITLE <input type="checkbox"/> DELETE 14. NAME 15. STREET ADDRESS 16. CITY - ST - ZIP		41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP	
17. TITLE <input type="checkbox"/> DELETE 18. NAME 19. STREET ADDRESS 20. CITY - ST - ZIP		51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP	
21. TITLE <input type="checkbox"/> DELETE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP		61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62. NAME 63. STREET ADDRESS 64. 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 included 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 the officer or director of this corporation; 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 of this report, or on an attachment with an address.		300002092733 -02/20/97--01010--008 ***173.75	
SIGNATURE: 		2/14/97 305-5760430 Date Daytime Phone #	

CR2E034 (9/96)