SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M32769** **(5)**

1. Corporation Name

FLORIDA FABRICS INC.

Principal Place of Business	Mailing Address
4410 W. 16TH AVENUE BAY #11 HIALEAH FL 33012 US	4410 W 16 AVE. BAY #166 HIALEAH FL 33012 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/28/1986	06/23/1994

21 2. Principal Place of Business	26 2a. Mailing Address: 4410 W. 16 AVE	4. FEI Number: 59-2685927	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: BAY 11	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State: HIALEAH - FL	6. [illegible] ☐	$5.00 May Be Added to Fees
24 Zip / 25 County	29 Zip: 33012 / 30 County	7. This corporation was subject to [illegible] Florida Statutes ☑ Yes ☐ No	

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DESHON, ALDO JOSE 4228 S.W. 148 PL MIAMI FL 33185	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City: FL / 05 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(S) [illegible] DATE

12. OFFICERS AND DIRECTORS		13. [illegible]	
11 TITLE	PD	11 TITLE	☐ Change ☐ Addition
12 NAME	DESHON, ALDO JOSE	12 NAME	
13 STREET ADDRESS	4228 SW 148 PL	13 STREET ADDRESS	
14 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	DESHON, MELBA GUILLERM	22 NAME	
23 STREET ADDRESS	4228 SW 148 PL	23 STREET ADDRESS	
24 CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: Aldo Deshon ALDO DESHON 6-9-95 (305) 681-3164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019308 CP