

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M78237 (8)

1. Corporation Name
INTERNATIONAL COTTON GROUP, INC.



Principal Place of Business	Mailing Address
8356 NW 74 AVENUE MEDLEY FL 33166 US	8356 NW 74 AVENUE MEDLEY FL 33166 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified	4. FEI Number	Applied For
04/26/1988	65-0046152	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	8. This corporation owes or has paid the current year Intangible
<input type="checkbox"/> \$8.75 Additional Fee Required	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ALHAMBRA REGISTERED AGENTS
2 ALAMBRA PLAZA
SUITE 1202
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	PESCECETO, ALBERTO	
STREET ADDRESS	8356 NW 74TH AVE	
CITY-ST-ZIP	MEDLEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAFFO, JUAN MIGUEL	
STREET ADDRESS	8356 NW 74TH AVE	
CITY-ST-ZIP	MEDLEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TENCIELA, LUIS	
STREET ADDRESS	8356 NW 74TH AVE	
CITY-ST-ZIP	MEDLEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TENICELA, LUIS	
STREET ADDRESS	8356 NW 74TH AVE	
CITY-ST-ZIP	MEDLEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BADIOLA, FERNANDO	
STREET ADDRESS	8356 NW 74TH AVE	
CITY-ST-ZIP	MEDLEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0235040

CR2E034 (10/97)