

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90045 041 \*\*\*150.00

DOCUMENT # **M78237**

1. Corporation Name

INTERNATIONAL COTTON GROUP, INC.

Principal Place of Business

8356 N.W. 74 AVE.  
MEDLEY FL. 33166  
US

Mailing Address

8356 NW 74 AVE.  
MEDLEY, FL. 33166  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/26/1988

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number

65-0046152

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALAHAMBRA REGISTERED AGENTS  
2 ALAMBRA PLAZA  
SUITE 1202  
CORAL GABLES, FL. 33134

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

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	PESCETTO, ALBERTO	
STREET ADDRESS	8356 N.W. 74th AVE.	
CITY-ST-ZIP	MEDLEY, FL.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAFFO JUAN MIGUEL	
STREET ADDRESS	8356 N.W. 74 th AVE.	
CITY-ST-ZIP	MEDLEY, FL.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BADIOLA FERNANDO	
STREET ADDRESS	8356 N.W. 74 th AVE.	
CITY-ST-ZIP	MEDLEY, FL.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VARGAS ROSA	
STREET ADDRESS	8356 N.W. 74 th AVE.	
CITY-ST-ZIP	MEDLEY, FL.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMIREZ CARLOS	
STREET ADDRESS	8356 N.W. 74 th 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1999

Date

Daytime Phone #

CR2E034 (11/98)