


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>99 MAR 17 AM 8:17</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>NORTH AMERICAN TEXTILE CO., LLC</b> <b>6700 N.W. 37TH AVENUE</b> <b>MIAMI FL 33147</b>		<b>DOCUMENT # M98000001076</b>		1a. Principal Place of Business Address <b>6700 N.W. 37TH AVENUE</b> <b>MIAMI FL 33147</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>09/23/1998</b> 3a. State of Formation <b>CA</b> 4. FEI Number <b>95-4293102</b> 5. Date of Last Report <b>03/26/99</b> 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>ARSLANIAN, ESTEBAN</b> <b>6700 N.W. 37TH AVENUE</b> <b>MIAMI FL 33147</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>100002814261--4</b> <b>-03/26/99-01010--015</b> <b>****188.75 ****188.75</b> <b>FL</b> Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____		DATE _____			
(Registered Agent Accepting Appointment) (NOT Registered Agent signature required when not changing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ARSLANIAN, ESTEBAN E	346 W. CERRITOS AVENUE		GLENDALE CA	
MGRM	ARSLANIAN, JUAN	346 W. CERRITOS AVENUE		GLENDALE CA	
MGRM	ARSLANIAN, ESTERAN	6700 N.W. 37TH AVENUE		MIAMI FL	
MGRM	ARSLANIAN, ARMANDO	346 W. CERRITOS AVENUE		GLENDALE CA	
MGRM	ARSLANIAN, CARLOS	346 W. CERRITOS AVE.		GLENDALE CA	
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____		<b>3/12/99 (305) 693-1214</b>			
PRINTED NAME AND TYPE OF PERSON (NAME OF SIGNER) MANAGING MEMBER OR MANAGER					