FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR -7 AM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000016724 (5)

1. Corporation Name

AMERICAN COTTON, INC.

Principal Place of Business	Mailing Address
5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33486	5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1200 Clintmoore Rd	26 1200 Clintmoore Rd
Suite, Apt. #, etc 22 Suite #1	Suite, Apt. #, etc 27 Suite #1
City & State 23 Boca Raton, Fl	City & State 28 Boca Raton, Fl
Zip 24 33487 Country 25 Palm Bch	Zip 29 33487 Country 30 Palm Bch

3. Date Incorporated or Qualified: 03/04/1993
3a. Date of Last Report: 07/29/1994
4. FEI Number: 65-0391283 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIEDMAN, ANDREW R
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	☐ Change ☐ Addition
NAME	BATISTA WERNER	1.2 NAME	
STREET ADDRESS	7900 GLADES ROAD., SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: WERNER BATISTA [signature] 03/10/95 (407) 995 4153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #