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 Apr 07, 1999 8:00 am Secretary of State

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1. Corporation Name

AMERICAN COTTON, INC.

·							
Principal Place of Business	Mailing Address			B) 11418 21111 12213 11541 2151 1261			
200 Clintmoore road Juite 1 Joca Raton Fl 33438	1200 CLINTMOORE ROAD SUITE 1 BOCA RATON FL 33487		DO NOT WRITE IN THIS SPACE				
	US		3. Date Incorporated or Qualifed 03/04/1993				
2. Principal Place of Business	2a. Mailing Address	11111	4. FEI Number 65-0391283	Applied For Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	, , , -	5. Certificate of Status Desired S8.75 Additional Fee Requires 6. Election Campaign Financing Trust Fund Contribution Added to Fee				
City & State	City & State						
Zip Country	Zip Cc	ountry	This corporation owes the current year ! Personal Property Tax.	Mo □ No			
9. Name and Address of Co	urrent Registered Agent	10. Name and Address of New Registered Agent					
FRIEDMAN, ANDREW R 5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33486		81 Name82 Street A83	address (P.O. Box Number is Not Acceptable)				
		84 City	F	85 Zip Code			

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 r			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD DELETE	1.1 TITLE	PSTD	Change	☐ Addition
NAME	BATISTA WERNER	1.2 NAME	Werner Batista 1200 Clint Moore Rd #1		
STREET ADDRESS	7900 GLADES ROAD., SUITE 300	1.3 STREET ADDRESS	1200 Clint Moore Kd "1		
CITY-ST-ZiP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	Boca Roton FL 33487		
TITLE	☐ DELETE	2.1 TITLE		Change	Addition Addition
NAME	·	2.2 NAME			
Januari Albunilos		2.3 STREET ADDRESS			
#Y-ST-ZIP		2.4 CITY-ST-ZIP		- • •	
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	,	3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	, . DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	. •	4. 2 NAME	·		
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	·	4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME		5.2 NAME			
STREET ADORESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change .	☐ Addition
NAME	5-18-5 St. 1- 18-58 C	6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
	[i i	RACITY, ST. 7ID	1		

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

1999 561 995 415