APPROVED
AND
FILED

95 JUL 24 PM 1:47

CORPORATION
ANNUAL REPORT
[redacted] 1995

FLORIDA DEPARTMENT OF STATE

1. Corporation Name

RICKMAN TEXTILE AND TRIMMING CORP

DOCUMENT #
P93000019048

Mailing Address
4101 EAST 10TH LANE
HIALEAH FL 33013

Principal Place of Business
4101 EAST 10TH LANE
HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1993

3a. Date of Last Report: 04/16/1993

4. FEI Number: 65-0435003 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

DIAZ, RICARDO
900 EAST 45TH STREET
HIALEAH FL 33013

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	DIAZ, RICARDO
STREET ADDRESS	900 EAST 45TH STREET
CITY-ST-ZIP	HIALEAH FL 33013

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

100001547931
-07/27/95--01073--016
****200.00 ****200.00

7/24/95

14. I do hereby certify that the information supplied with this filing is accurately formatted and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RICARDO DIAZ **APR 21 1995** (305)688-7528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

FILED
95 JUL 18 AM 7:3?

DOCUMENT # P93000018458

1. Corporation Name: S. M. Carter and Associates, Inc.

Principal Place of Business: 508 Spring Ave, Anna Maria, Florida, 34216

Mailing Address: P.O. Box 1707, Anna Maria, Florida 34216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	March 16, 1993
3a. Date of Last Report	12-31-93
4. FEI Number	65-0394587 ☐ 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 S. 199.032, Florida Statutes	☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 508 Spring Ave	26 P.O. Box 1707
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Anna Maria Fl. 34216	28 City & State: Anna Maria Fl. 34216
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

Steven M. Carter
~~P.O. Box 1707~~ 508 Spring Ave
Anna Maria, Florida 34216

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] 7/10/95

Signature, Name & printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS	
TITLE	President
NAME	Steven M. Carter
STREET ADDRESS	508 Spring Ave Anna Maria Fl.
CITY ST ZIP	34216
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1–6.4 TITLE, NAME, STREET ADDRESS, CITY ST ZIP; ☐ Change ☐ Addition) — blank

700001545827
-07/25/95--01106--012
****225.00 ****225.00

RC

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: [signature] 7/10/95 751-3567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 MAY -1 PM 3:17
TALLAHASSEE, FLORIDA

DOCUMENT # P93000025259

1. Corporation Name
Baly Import & Export, Inc.

Principal Place of Business
8889 Fontainebleau Blvd
#409.
Miami- FL- 33172

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/18/1993	3a. Date of Last Report
4. FEI Number: 65 0398973	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 S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

Carmen Dora Baly
8889 Fontaineblea Blvd # 409
Miami Fl. 33172

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] Carmen Dora Baly - President 7/20/95

12. OFFICERS AND DIRECTORS (* President)

TITLE	* President
NAME	Carmen Dora Baly
STREET ADDRESS	8889 Fontainebleau Blvd. #409
CITY-ST-ZIP	Miami Fl. 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REMITTED BY MAY 1

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition	500001547665 -07/27/95--01056--014 ****200.00 ****200.00
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition	
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition	
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition	
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition	
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition	KW

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(1)(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] Carmen Dora Baly President 7/20/95 227-3183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

FILED
95 JUL 18 AM 7:41

DOCUMENT # P 92000021515

1. Corporate Name: [illegible]

100001545731
-07/25/95--01097--013
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 801 Brickell Av, 8th Flr Parking Lot, Miami, FL 33131

Mailing Address: 18113 SW 20th St, Miramar, FL 33029

3. Date Incorporated or Qualified: 2-13-1992

3a. Date of Last Report: [illegible]

4. FEI Number: 65-0193258

2. Principal Place of Business	2a. Mailing Address
21 801 Brickell Av	26 18113 SW 20th St
22 Suite, Apt. # etc. 8th Flr Parking Lot	27 Suite, Apt. # etc.
23 City & State Miami	28 City & State Miramar Fl
24 Zip 33131 / 25 Fl	29 33029 / 30 Country

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 s. 199.032 Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

VICTOR GONZALEZ
18113 SW. 20th ST.
MIRAMAR, Fl. 33029

10. Name and Address of New Registered Agent

81 Name: VICTOR GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable): 18113 S.W. 20th ST.
83
84 City: MIRAMAR 85 FL Zip Code: 33029

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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] DATE [illegible]

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	VICTOR GONZALEZ
STREET ADDRESS	18113 S. W. 20 ST.
CITY-ST-ZIP	MIRAMAR, Fl. 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE [illegible] DAYTIME PHONE [illegible]