FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000076284 (7)**

1. Corporation Name

KING COTTON MANUFACTURERS, INC.

Principal Place of Business	Mailing Address
16493 N.W. 49TH AVENUE MIAMI FL 33014	16493 N.W. 49TH AVENUE MIAMI FL 33014

3. Date Incorporated or Qualified: **10/28/1993**
3a. Date of Last Report: **02/14/1995**

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

4. FEI Number: **65-0551927** ☐ 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

CHATILA, AHMAD
16493 NW 49 AVE
MIAMI FL 33014

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 _____
Signature, typed or printed name of individual agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CHATILA, JAQUELINE		1.2 NAME	CHATILA, JAQUELINE	
STREET ADDRESS	17240 N.W. 64TH AVENUE, APT. 311		1.3 STREET ADDRESS	16493 N.W. 49TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33014	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHATILA, AHMAD		2.2 NAME		
STREET ADDRESS	16493 N.W. 49TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33014		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	ITANI, MOHAMAD		3.2 NAME	MOHAMAD ITANI	
STREET ADDRESS	11949 S.W. 15TH STREET		3.3 STREET ADDRESS	17240 N.W. 64TH AVENUE #310	
CITY-ST-ZIP	PEMBROKE PINES FL 33025		3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33015	
TITLE		☐ DELETE	4.1 TITLE	V.P. & DIRECTOR	☐ Change ☒ Addition
NAME			4.2 NAME	GHASSAN ALAMEDINE	
STREET ADDRESS			4.3 STREET ADDRESS	1699 S.W. 116TH STREET	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PEMBROKE PINES, FLORIDA 33025	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: _____ 7-22-96 (305) 621-7737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #