FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000076284 (7)

KING COTTON MANUFACTURERS, INC.

FILED Feb 17 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					4 innsidedt ald inside fillin afteri dæsis anner dølin som it	: Willia 19601 (0)31 A101 E081
		12815 N.W. 45 AVENUE Miami Fl 33054			DO NOT WRITE IN THIS SP	ACE
					3. Date Incorporated or Qualified 10/28/1993	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 20		26	6		65-0551927	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27			g. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country			Zip Country		This corporation owes or has paid the current	
24	25)	30			Yes No
g. Name and Address of Current Registered Agent			1001	10. Name and Address of New Registered Agent		
C	URLEY, KENNETH		81	Name		
12815 N.W. 45 AVENUE			82	Street	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33054			83			
				ļ		
			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.						
agent I am ramiliar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE						
SIGNATURE	Signature, typed or prioried name of request rest agent	· · · · · · · · · · · · · · · · · · ·		nt signature	required when rainstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	PD CHATHA AURIAD	☐ DELETE	1.1 TITLE		_	Change Addition
NAME	CHATILA, AHMAD		1.2 NAME			
STREET ADDRESS	12815 N.W. 45TH AVENUE MIAMI FL 33054		1.3 STREET 1.4 CITY - S			ĺ
CITY-ST-ZIP TITLE	VD VD	DELETE	2.1 TITLE	II - ZIF		Change Addition
NAME	WAAN 4404444		2.2 NAME			
STREET ADDRESS	12815 N.W. 45TH AVENUE		2 3 STREET	ADDRESS		
CITY - ST - ZIP	MIAMI FL 33054		2. 4 CITY-			Ì
TITLE	SD	DELETE	3.1 TITLE	··	PST	Change
NAME	CURLEY, KENNETH		3.2 NAME	i	Curley Kenneth	
STREET ADDRESS	12815 N.W. 45TH AVENUE		3.9 STREFT	ADDRESS	Curley Kenneth 17815 NW 45 Ave]
CITY-ST-ZIP	MIAMI FL 33054		3.4. City-	ST - ZIP	Miami FL 33054	
TITLE	•	☐ DELETE	4.1 TITLE	·- I	["	Change 🔲 Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET	ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		1
TITLE			5.1 TITLE		<u>, </u>	Change Addition
NAME			5.2 NAME	·		Ì
STREET ADDRESS			53 STREET			
CITY-SI-ZIP		Douce	5.4 CITY - S	1-ZIP		Change Addition
TITLE		DELETE	6.1 TITLE		<u></u>	Change Addition
NAME			6 2 NAME			
STREET ADDRESS			63 STREET			
CITY-ST-ZIP	north, that the information or mailed with	Bio Citing done and applied to	6 4 CITY - S	T-ZIP	nd in Conting 110 07(2)(i) Florido Statutos 1 further portific	y that the information

receipt 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 informatio indicated on this annual report of 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: