

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

DOCUMENT # P93000076284

1. Corporation Name  
KING COTTON MANUFACTURERS, INC.

Principal Place of Business

12815 N.W. 45 AVENUE  
MIAMI FL 33054

Mailing Address

12815 N.W. 45 AVENUE  
MIAMI FL 33054

APPROVED  
AND  
FILED  
99 JAN 19 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1993

4. FEI Number

65-0551927

Applied For

Not Applicable

5. Certificate of Status Desired

Original Please / ASAP / Call for Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

CURLEY, KENNETH  
12815 N.W. 45 AVENUE  
MIAMI FL 33054

10. Name and Address of New Registered Agent

81 Name

(305) 688-3882

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CHATILA, AHMAD  
STREET ADDRESS 12815 N.W. 45TH AVENUE  
CITY-ST-ZIP MIAMI FL 33054

TITLE VD ☐ DELETE

NAME ITANI, MOHAMAD  
STREET ADDRESS 12815 N.W. 45TH AVENUE  
CITY-ST-ZIP MIAMI FL 33054

TITLE DST ☐ DELETE

NAME CURLEY, KENNETH  
STREET ADDRESS 12815 N.W. 45TH AVENUE  
CITY-ST-ZIP MIAMI FL 33054

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 800002755678-8

1.3 STREET ADDRESS -01/26/99--01100--026

1.4 CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 800002755678-8

3.3 STREET ADDRESS -01/26/99--01100--027

3.4 CITY-ST-ZIP \*\*\*\*\*8.75 \*\*\*\*\*8.75

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: Kenneth Curley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 (305) 688-3882

Date Daytime Phone #

015346

CR2E034 (1/198)