

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Morrum
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 11:40

DOCUMENT # P94000033343 (2)

1. Corporation Name

INTERNATIONAL TEXTILE GROUP, INC.

Principal Place of Business

**500 EAST BROWARD BLVD.
STE. 109
FORT LAUDERDALE 33 394**

Mailing Address

**500 EAST BROWARD BLVD.
STE. 109
FORT LAUDERDALE 33 394**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

95-0487408

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

**BARRERA, SERGIO L
500 EAST BROWARD BLVD.
STE. 109
FORT LAUDERDALE 33 394**

10. Name and Address of New Registered Agent

81

Name **LOPEZ, AQUILINO**

82

Street Address (P.O. Box Number is Not Acceptable)
500 EAST BROWARD BLVD

83

STE. 109

84

City **FORT LAUDERDALE, FL**

85

Zip Code **33394**

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

Aquilino Lopez

AQUILINO LOPEZ

3/27/95

(Signature of registered agent required if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

BARRERA, SERGIO L

500 EAST BROWARD BLVD. STE. 109

FORT LAUDERDALE 33 394

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

LOPEZ, AQUILINO

500 EAST BROWARD BLVD. STE. 109

FORT LAUDERDALE 33 394

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 IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

Aquilino Lopez

Aquilino Lopez

3/27/95

(Signature and typed name of signing officer or director)

(Date)

(Signature of filer)