

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000033343 (2)

1. Corporation Name

INTERNATIONAL TEXTILE GROUP, INC.

Principal Place of Business

Mailing Address

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

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

FILED

96 AUG 26 AM 8: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 301 ALMENIA AVENUE

Suite, Apt. #, etc

22 SUITE 7B

City & State

23 CONAL YABLES, FL

24 Zip 33134

Country

25 USA

2a. Mailing Address

26 301 ALMENIA AVENUE

Suite, Apt. #, etc

27 SUITE 7B

City & State

28 CONAL YABLES, FL

29 Zip 33134

Country

30 USA

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

04/04/1995

4. FEI Number

65-0487408

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

LOPEZ, AQUILINO
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)

301 ALMENIA AVENUE

83

SUITE 7B

84 City

CONAL YABLES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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

8/6/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME BARRERA, SERGIO L
STREET ADDRESS 500 EAST BROWARD BLVD. STE. 109
CITY-ST-ZIP FORT LAUDERDALE 33 394

☒ DELETE

TITLE D
NAME LOPEZ, AQUILINO
STREET ADDRESS 500 EAST BROWARD BLVD. STE. 109
CITY-ST-ZIP FORT LAUDERDALE 33 394

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT
12 NAME DE VALLE SANTIAGO
13 STREET ADDRESS 301 ALMENIA AVENUE SUITE 7B
14 CITY-ST-ZIP CONAL YABLES, FL 33134

21 TITLE V. PRESIDENT-SECRETARY
22 NAME LOPEZ, AQUILINO
23 STREET ADDRESS 301 ALMENIA AVENUE SUITE 7B
24 CITY-ST-ZIP CONAL YABLES, FL 33134

31 TITLE V. PRESIDENT-SECRETARY
32 NAME VENEDEL FRANCISCO M
33 STREET ADDRESS 301 ALMENIA AVENUE SUITE 7B
34 CITY-ST-ZIP CONAL YABLES, FL 33134

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 included in 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Lopez

8/6/96 (305)446-2804

CR2E034 (3/96)