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



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

1996

DOCUMENT # 1. Corporation Name

P94000048671 (9)

PROGRESSIVE TEXTILES DISTRIBUTION, INC.

Principal Place of Business

13000 NW 38TH AVENUE
OPA LOCKA FL 33054

Mailing Address

13000 NW 38TH AVENUE OPA LOCKA FL 33054 SECRETARY OF STATE DIVISION OF CORPORATIONS

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		OPA LOCKA FL 33064				3. Date Incorporated of the half of the base of the ba		
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					06/29/1994)5/01/1995	
Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For	
		2a. Mailing Address 26 /2 12. 332 Street			65-0502316		Not Applicat	
Suite, Apt #, etc		Suite, Apt #, etc.			5. Certificate of Status Des	urod 🖂	\$8.75 Additional	
22		27 5B Floor			G, Certificate of States Des		Fee Required	
City & State		City & State	City & State			ncing 🗀	\$5.00 May Be	
23		28 New York			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Cour	-	8. This corporation has liab			
24	[25]	29 10016	30 6	15 A	Florida Statutes	X Yes		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of	New Registered	Agent	
M/A	VRKUS, STUART			81 Name				
2251 NW 32ND STREET			h	B2 Street Address (P.O. Box Number is Not Acceptable)		• • • • • • • • • • • • • • • • • • • •		
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			-	B4 City	-	$\mathcal{X}\mathcal{Y}\mathcal{Y}$	85 Zip Code	
]"	City		FL	_ 83 2.10 CODE	
11. Pursuant to	o the provisions of Sections 607.05	02 and 607 1508, Florida Statu	ites, the abo	ve named c	corporation submits this statement f	or the purpose of	changing its registered	
office or re	igistered agent, or both, in the Stat in familiar with, and accept the oblig	e of Florida. Such change was gallons of Section 607 0505. F	authorized I Iorida Statut	by the corpo	pration's board of directors. Thereby	y accept the appo	ointment as registered	
· ·	Transmar Willi, and decept the con-	gai ond or, occitori bor doco, r	ionala biaidi	G J .				
SIGNATURE	Signature, typed or printed risme of registered as	gent and the I applicable (No	Dit Bryistered	Agent signature	required when remetating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES To	O OFFICERS ANI	D DIRECTORS IN 12	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617, Florida Statutes; and that my name appears in Block 12 or Block 30 if changed, or on an attachment with an address

SIGNATURE:

PHYSEO NAME OF SIGNING OFFICER OR DIRECTOR

* Secretary

(212) 252-1133