

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000085163

1. Corporation Name
UNIVERSAL TEXTILES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -9 PM 2:08



4/29/99 90145 005 @ 150.00

Principal Place of Business
16085 NW 52ND AVENUE
MIAMI FL 33014
US

Mailing Address
16085 NW 52ND AVENUE
MIAMI FL 33014
US

3. Date Incorporated or Quasied
11/22/1994

2. Principal Place of Business
21 4005 E 10 COURT
Suite, Apt. #, etc.

2a. Mailing Address
26 4005 E 10 COURT
Suite, Apt. #, etc.

4. FEI Number
65-0535384

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

22 City & State
23 HIALEAH FL
24 33013 25 USA

27 City & State
28 HIALEAH FL
29 33013 30 USA

9. Name and Address of Current Registered Agent

~~HOFFMAN, COREY E~~
~~3250 MARY STREET, SUITE 400~~
~~6000 NUT GROVE FL 33133~~

10. Name and Address of New Registered Agent

81 Name Carmen Ogaza
82 Street Address (P.O. Box Number is Not Acceptable) 6800 Gleneagle DR.
83
84 City Miami Lakes FL 85 Zip Code 33014

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 of 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 *Carmen D. Ogaza* Carmen D. Ogaza 4005 E 10th Ct. FL 33013 10/6/99
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	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETED
VPD	BENHAMON, GILBERT	C/O 16085 NW 52ND AVE	MIAMI FL 33014	<input checked="" type="checkbox"/>
PSD	ABECASSIS, JACQUES	16085 NW 52ND AVENUE	MIAMI FL	<input checked="" type="checkbox"/>
T	OGAZA, CARMEN D	C/O 16085 N W 52 ND AVE	MIAMI FL 33014	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby 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 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, changed, or on an attachment with an address.

SIGNATURE: *Carmen D. Ogaza* 9/23/99 (805) 835-2500
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (5/99)