

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001892 (5)

1. Corporation Name

DAVENPORT FABRICS, INC.



Principal Place of Business

9361 S.W. 69TH STREET
MIAMI FL 33173

Mailing Address

9361 S.W. 69TH STREET
MIAMI FL 33173

3. Date Incorporated or Qualified
01/09/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BARCELO, CARINA
9361 S.W. 69TH STREET
MIAMI FL 33173

81. Name

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of signing officer and the date

Signature typed or printed name of registered agent and the date

5/3/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BARCELO, HUMBERTO	
STREET ADDRESS	9361 S.W. 69TH STREET	
CITY - ST - ZIP	MIAMI FL 33173	
TITLE	SVD	☐ DELETE
NAME	BARCELO, CARINA	
STREET ADDRESS	9361 S.W. 69TH STREET	
CITY - ST - ZIP	MIAMI FL 33173	
TITLE	TD	☐ DELETE
NAME	FERNANDEZ, LAZARO H	
STREET ADDRESS	9361 S.W. 69TH STREET	
CITY - ST - ZIP	MIAMI FL 33173	
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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

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***225.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

ORIGINAL FILING #

5/3/96

273-0297

CR2E034 (12/95)