

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 # P95000033047 (8)
1. Corporation Name

SUPER TEXTILES, INC.



Principal Place of Business

Mailing Address

567 N.W. 27TH ST.
MIAMI FL 33127

567 N.W. 27TH ST.
MIAMI FL 33127

3. Date Incorporated or Qualified

04/27/1995

3a. Date of Last Report

4. FEI Number

65-0577646

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

LIMA, JUAN
567 N.W. 27TH ST.
MIAMI FL 33127

10. Name and Address of New Registered Agent

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 607.1508, 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

Signature types for printed name of registered agent and board approval.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
GALAN, JUAN P
STREET ADDRESS 567 N.W. 27TH ST.
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ DELETE

NAME S
PEREZ, HELEN
STREET ADDRESS 567 N.W. 27TH ST.
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ DELETE

NAME TD
LIMA, JUAN
STREET ADDRESS 567 N.W. 27TH ST.
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ DELETE

NAME D
PEREZ, JOHN N
STREET ADDRESS 567 N.W. 27TH ST.
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 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 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-96

(210) 350-4455