## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000033047 (8)

SUPER TEXTILES, INC.

Principal Place of Business Mailing Address					11 <b>60</b> 186 14100 14111 16114 51011 1601 1601	
567 N.W. 27TH ST. MIAMI FL 33127		567 N.W. 27TH ST. MIAMI FL 33127-4127				
					3. Date Incorporated or Qualified 04/27/1995	3a. Date of Last Report 07/02/1996
2. Principal Place of Business		. Mailing Address			4. FEI Number	Applied For
Suite. Apt. #, etc.	26]	Suite, Apt. #, etc.			65-0577646	Not Applicable \$8.75 Additional
22	27]	conto, ryn. n. cto.			5. Certificate of Status Desired	Fee Required
City & State	[28]	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 25	ourstry [29]	Ζιρ 	Country			Yes No
<del></del>	ddress of Current Regi	stered Agent	81	Name	10. Name and Address of New R	egistered Agent
LIMA, JUAN 567 N.W. 27TH ST.						
MIAMI FL 33127			82	Street Add	dress (P.O. Box Number is Not Accepta	ible)
MICHAIL I E COTE			83			
			84	City		85 Zip Code
7.00				•		<b>FL</b>
<ol> <li>Pursuant to the provisions of office or registered agent, or agent. I am familiar with, and</li> </ol>	Soctions 607.0502 and 6   both, in the State of Flor flaccept the obligations o	007.1608, Florida Statu ida, Such change was af, Section 607 0505, Fl	les, the above authorized by orida Statutes	e named cor othe corpora s.	poration submits this statement for the ation's board of directors. Thereby according	purpose of changing its registered ept the appointment as registered
SIGNATURE						
Signature, typicd or printe	diname of registered agout and tid OFFICERS AND DIRE		If: Ek gistered Age	n' signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE
TITLE P	CATTICATION AND CARIC	DELETE	1.1 THE	[	ADDITIONS/CHANGES TO OTT	Change Addition
NAME GALAN, JUAN	P		1.2 NAME			
STREET ADDRESS 567 N.W. 27TH			1.3 \$16(1)	ADDRESS		
CITY-ST-ZIP MIAM! FL 3312	7	. <u> </u>	1.4 City - S	1 - 7IP	·	
TITLE 8		DETE JE	2.1 TITLE			Change Addition
NAME PEREZ, HELEN			2.2 NAML			
STREET ADDRESS 567 N.W. 27TH			23 STREET			
CITY-ST-ZIP   MIAMI FL 3312		DELETE	2.4 CDY-5 3.1 THLE	31 · ZIP	·	Change Addition
NAME LIMA, JUAN		L Detect	3.2 NAME			E Change E Abbinor
STREET ADDRESS 567 N.W. 27TH	ST.		3 3 S1KEF1	ADORESS		
CITY-ST-ZIP MIAMI FL 3312			34 CITY-S	1		
TITLE D	••	DETETE	4111111			Change Addition
NAME PEREZ, JOHN			4-2 NAME			
STREET ADDRESS 567 N.W. 27TH			4.3 STREET	ADDRESS		
CITY-ST-ZIP MIAMI FL 3312	<u>7</u>		44 CIIY-S	T-7IP		
TITLE		☐ DELETE	51 1PILE	-		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET	1		
CITY-ST-ZIP TITLE		DELE IE	54 CHY-S	3 - ZIP		Change Addition
NAME			61 TITLE 62 NAME			El capide El vocition
STREET ADDRESS			63 STREET	Amendeses		
SINCE ADDRESS			US SINE!	MULTILL 33		

14. I do 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 logal effect as if made under oath; that I am an officer or director of the corporation or the reporter 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 panyled, or on ay all chinent with an address.