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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000033047 (8)

SUPER TEXTILES, INC.

		·					
Principal Plac	e of Business	Mailing Address	Mailing Address				reine erter marti atfile that takt
567 N.W. 27TH ST.		567 N.W. 27TH ST.					
MIAMI FL 33127		MIAMI FL 33127	MIAMI PL 33127		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	
			<u></u>			04/27/1995	
<u> </u>	Place of Business	2a. Mailing Address				4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				65-0577646	Not Applicable \$8.75 Additional
22		27	٦			5. Certificate of Status Desired	Fee Required
City & State		City & State			Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	· -		-	8. This corporation owes or has paid the	
24	25	29	30			Personal Property Tax due June 30.	Yes No
<del></del>	9, Name and Address of Curr	ent Hegistered Agent		81	Name	10. Name and Address of New Register	ao Agent
LIMA, JUAN							
1	' N.W. 27TH ST.			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33127			83			
				84	City		as Zio Codo
				54	City	F	Zip Code
11. Pursuant	to the provisions of Sections 607.09	502 and 607.1508, Florida S	tatutes, the	e above	e-named corp	poration submits this statement for the purpos	e of changing its registered
agent. La	am familiar with, and accept the obli	gations of Section 607.050	5, Florida S	Statutes	ine corporal	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE							
12,	Signature, typed or proted name of registered a	ND DIRECTORS		Sterod Ager	nt signature requi	red when rainstating) DATI ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE		I.1 TITLE	T	Noother John Notes To On Joens /	Change Addition
NAME	GALAN, JUAN P		: 1.	.2 NAME			•
STREET ADDRESS	567 N.W. 27TH ST.		1.	i.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127			.4 CITY - ST	T - ZIP		
TITLE	8	DELETE	DELETE 2.1 T				Change Addition
NAME	PEREZ, HELEN		2.2 NA				
STREET ADDRESS	587 N.W. 27TH ST.		2	3 STREET	address		
CITY-ST-ZIP	MIAMI FL 33127		2 4 CITY - ST - ZIP		T-ZIP		
TITLE	TD DELETE			1 TITLE			Change Addition
NAME			2 NAME				
STREET ADDRESS	567 N.W. 27TH ST.		1	3.3 STREET			
CITY+ST-ZIP TITLE			I.1 TITLE	II - ZIP		Change Addition	
NAME	PEREZ, JOHN N	EJ better		. 2 NAME	1	•	C change C Novition
STREET ADDRESS	567 N.W. 27TH ST.			3 STREET	AUUDEGG		
CITY-ST-ZIP	MIAMI FL 33127			A CITY-SI			
TITLE			i.1 TITLE	-		Change Addition	
NAME			The state of the s	.2 NAME			
STREET ADDRESS			5.	3 STREET	ADDRESS		
CITY-ST-ZIP			5.	4 CITY-ST	r- ZIP		
TITLE		DELETE		1 TITLE			Change Addition
NAME			6.	2 NAME			
STREET ADDRESS			6.	3 STREET	address		
0000 64 340							1

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 received 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.

4.28.98

(956) 350- XX99