

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

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000000179 (7)

1. Corporation Name

CENTENNIAL TEXTILE CORP.



Principal Place of Business C/O UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH ST., SUITE 300 NORTH MIAMI BEACH FL 33162	Mailing Address C/O UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH ST., SUITE 300 NORTH MIAMI BEACH FL 33162-3729
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3. Date Incorporated or Qualified 01/02/1996	3a. Date of Last Report
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2. Principal Place of Business 21 CENTENNIAL TEXTILE CORP. Suite, Apt. #, etc. 22 31 N. MIAMI AVE City & State 23 MIAMI, FL Zip 24 33132	2a. Mailing Address 26 CENTENNIAL TEXTILE CORP. Suite, Apt. #, etc. 27 31 N. MIAMI AVE City & State 28 MIAMI, FL Zip 29 33132 Country 30 DADE	4. FEI Number 65-0638014 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC 801 N.E. 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162	10. Name and Address of New Registered Agent 81 Name K. CHOWDHURY 82 Street Address (P.O. Box Number is Not Acceptable) 31 N. MIAMI AVE 83 84 City Miami, FL 85 Zip Code 33132
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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 Kaiserul Hame Chowdhury
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BARR, RAY A 10 BANK STREET WHITE PLAINS NY 10608 CITY-ST-ZIP	1.1 TITLE	PRESIDENT CHOWDHURY, KAISERUL 31 N. MIAMI AVE MIAMI, FL. 33132
TITLE	D SKUBICKI, MARK 10 BANK STREET WHITE PLAINS NY 10608 CITY-ST-ZIP	1.2 NAME	
TITLE		1.3 STREET ADDRESS	
TITLE		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

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 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: Kaiserul Hame Chowdhury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #
0221638

CR2E034 (9/96)