SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

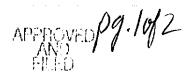
Sandra Barrtham
Socretary of State

Socretary of State
Division of Corporations

DOCUMENT # P96000030970 (3)

N & F KNITTING, INC.

Mailing Add



97 AUG 21 AM 8: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA



•	e or business	Hidining Modross	Mailing Address			A A S A S A S A S A S A S A S A S A S A	
10126 NORTH HIALEAH FL :	WEST BOTH AVENUE	10126 NORTHWEST BOTH AVENUE HIALEAH FL 33016					
THE SECTION OF THE SE	20010	HALEAN FL 33010				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 3a. Date of Last Report	
						04/09/1996	
2. Principal P	lace of Business	2a, Mailing Address		-		4. FEI Number . Applied F	For
21		26	26			65-0654326 Not Appli	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Addition	
22		27	27			5. Certificate of Status Desired Fee Required	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May B	30
23		28				Trust Fund Contribution	
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible	e
24	25	29 30				Personal Property Tax due June 30. 🗹 Yes 🗌 No	-
	 9. Name and Address of Curr 	ent Registered Agent				10. Name and Address of New Registered Agent	
AM	ERILAWYER CHARTERED			81	Name		
	ALMERIA AVENUE					(20.2	
	RAL GABLES FL 33134			82	Street A	Street Address (P.O. Box Number is Not Acceptable)	
				83			
				Ш		TARREST	
				84	City	FL 85 Zip Code	
11. Pursuant l	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	utes, the at	bove	-named c	paragration submits this statement for the number of changing its regist	tered
Office of re	e gistered age nt, or both, in the Sta m <mark>familiar with, and accept the obl</mark>	ite of Florida. Such change was	authorize	d by	the corpo	pration's board of directors. I hereby accept the appointment as registe	ered
SIGNATURE							
	Signature, typed or printed name of registered a	NO DIRECTORS		d Age	nt signature re	equired when reinstating) DATE	
12.	PID	DELETE	13.	T. F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2 Iddition
i	LAMBIDIS, NICK		1.1 TO			L Change	
NAME		AL MORAL CO	1.2 NA				
STREET ADDRESS	10126 NORTHWEST 80TH	AVENUE	1.3 \$1	IREET .	ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CI	1.4 CITY - ST - ZIP			
TITLE	VSO DELETE		2.1 111	2.1 TITLE		☐ Change ☐ Ad	
NAME	BOGDANOS, FOTIS			NAME		800002276748	9
STREET ADDRESS	10128 NORTHWEST 80TH /	AVENUE	2.3 ST	2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		800002276748 -08/25/9701172001	
CITY-ST-ZIP	HIALEAH FL 33016		2. 4 C			****165.00 ****165.0	ĴŨ
TITLE		☐ DELETE	3.1 TH	ILĒ		☐ Change ☐ Ad	ddition
NAME			3.2 NA	NAME Street address			
STREET ADDRESS			33 ST				
CITY-ST-ZIP			3.4. C		1		
TITLE		DELETE	4.1 111		1-617	Change Ac	ddition
NAME			4.2 N				domon
STREET ADORESS			1		IDDDCCC		
					ADDRESS		
CITY-SI-ZIP		☐ DELETE	4.4 CIT		-ZIP		3391
TITLE			5.1 111			Change Ac	aaltion
NAME			5.2 NA	ME		^	
STREET ADDRESS			5.3 ST	5.3 STREET ADDRESS		a alla de Change Ac	
CITY-ST-ZIP				5.4 CITY - ST - ZIP		y alle	
TITLE	☐ DEFE1€		6.1 TIT	6.1 TITLE		Change Ac	ddition
NAME			6.2 N			4121197	
STREET ADDRESS			6.3 ST	REET A	ADDRESS	١١١١١	
CITY-ST-ZIP			6.4 CIT			•	
14 Ldo bereb	y certify that the information suppli	ied with this filing does not qual	lifu for the		notion oto	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the	
Intormation	n indicated on this annual report of ficer or director of the corneration	r supplemental annual report is or the receiver or trustee amon	true and a wereat to e	iccul	rate and thate the	had in Section 119.07(3), Filorida Statutes. Further certify that the hat my signature shall have the same legal effect as if made under oath port as required by Chapter 607, Florida Statutes; and that my name	h; that
appears in	Block 12 or Block 13 if changed	own an autychonapi with an ad	dross	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aco una itij	port as regarded by emapter our, riterial statutes, and that my name	
	/V/C	1 xwingoce	100	prince per		MALIRAR	

Divisions of Corporations Annual Report Section P.O. Box 6327 Tallahassee, Florida 32314

Dear Sirs:

The business was closed for three months and all mail must of have been returned because we have never received the original notice to file the return.

Very Truly Yours,

Nick Lambidis

President