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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham 4

**FILED** 

Mar 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000075456 (9)

SUN TEXTILE, INC.

Principal Place of Business

7TH FL. 1110 BRICKELL AVE. MIAMI FL 33131		7TH FL. 1110 BRICKE MIAMI FL 33131	7TH FL. 1110 BRICKELL AVE. MIAMI FL 33131						
						3. Date Incorporated or Qualified 09/11/1996	3a. Da	ite of Last R	teport
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		A	oplied For
21		26	26			65-0704388		No	ot Applicable
Suite, Apt. (	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23	}	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	ntangible	tax under s	199.032.
24	25	29	30			Florida Statutes			
	g. Name and Address of C	urrent Registered Agent				10. Name and Address of New Re	gistered	Agent	
GOU	ILD, RONALD			81	Name				
7TH FL. 1110 BRICKELL AVE.				82 Street Address (P.O. Box Number is Not Acceptable					
	M FL 33131			82	Stieet Ad	dress (P.O. Box Number is Not Acceptate	ne)		
MINT	WILE OO IO I			83					
-`							· · · · · · · · · · · · · · · · · · ·		
•				84	City		FL	<b>85</b> Zip	Code
44 Pure part t	to the provisions of Sections 60	7 0502 and 607 1508. Florida St	tatutes the at	YOVE	-named co	orporation submits this statement for the p		changing i	ts registered
office or re	egistored agent, or both, in the m familiar with, and accept the	State of Florida. Such change <b>v</b>	vas authorized	1 hv	the corpor	ration's board of directors. I hereby accept	ot the app	ointment as	registered
SIGNATURE	Signature, typed or printed name of register	red agent and little if applicable	(NOTE Registered	1 Age	ni signature rec	quired when reinstating)	DATE		<del></del>
12,		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
TOTLE	DP	DELETE	1.5 (1	LE				Change	■ Addition
NAME	ROMAGNOLI, MARCO		1.2 N/	ME					
STREET ADDRESS	7TH FL. 1110 BRICKELL /	AVE.			ADDRESS				
CITY-ST-ZIF	MIAMI FL 33131		1.4 CI						
THE	D DELETE				1.5%	D = 100 - 10	**	Change	Addition
NAME	ROMAGNOLI, ROBERTO		2.2 N/					_ •	
STREET ADDRESS	7TH FL. 1110 BRICKELL A	N/F			ADDRESS				
	MIAMI FL 33131	176	2.4 C						
CITY - ST - ZIP TITLE	D	DELETE		******	11-217			Change	Addition
NAME	ANDREW, PAULINO		3.2 N/						
	7TH FL. 1110 BRICKELL	AVE	1		ADDRESS				
STREET ADDRESS	MIAMI FL 33131	116.							
CITY-\$1-7iP	HINAMI I C 00 10 1	DELETE	3.4. C 4.1 Ti		1-71r			Change	Addition
TifLE								# Autoride	
NAME			4 2 N		1000000				
STREET ADDRESS					ADDRESS				
CITY ST-7/P		☐ DELETE	440		I - ZIP			Change	Addition
TITLE								T Amende	rounion
NAME			5 2 N/						
STREET ADDRESS					ADDRESS				
DHY-ST ZIP		DESETE	5 4 CI		T-ZIP			Change	Addition
TITLE		L_ DELETE			ŀ			Change	Addition
NAME			6.2 N						
STREET ADDRESS			6.3 \$7	REET	ADDRESS				
CCTY+ST-ZIP			6.4 C						
14. I do hereb	by certify that the information su in indicated no this annual repo	pplied with this filing does not on or supplemental annual repor	quality for the	exe	mption stat	ted in Section 119.07(3)(i), Florida Statute nat my signature shall have the same lega	es. I furthe al effect e	ir certify that s if made ur	t the nder oath: that
l am an o	fficer or director of the comorat	ion or the receiver or trustee en	powered to	xec	ute this rep	nat my signature shall have the same legators as required by Chapter 607, Florida S	Statutes; a	and that my	name