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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000007272 (2)

CLASSIC COTTONS, INC.

**FILED** May 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						)		JIQ 1494 4884	
% ARAN COR 710 S. Dixie Coral Gabl		% Aran Correa & Guarch. P.A. 710 S. Dixie Highway Coral Gables Fl 33146			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						01/24/1997		ĺ	
	ace of Business SAN LORENZO	2a. Mailing Address 26 240 SAN LORENZO			4. FEI Number 65-0721877		oplied For ot Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75		
City & State	2	City & State					Fee Re	<del></del>	
	l Gables, Florida	28 Coral Gables, Florida			<b>a</b>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Z <sub>i</sub> p Country		a	8. This corporation owes or has paid the current year Intangible				
24 33134		29 33134	100			Personal Property Tax due June 30. Yes No			
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
	IARCH, J. M JR.,ESQ AN CORREA & GUARCH, P.A.								
	S. DIXIE HIGHWAY	62 Street Ad		Addres	ss (P.O. Box Number is Not Acceptable)				
	RAL GABLES FL 33146		Ī	83					
			ŀ	84 City			<b>85</b> Zip (	Code	
			l			Fl	-		
11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								is registered registered	
SIGNATURE Signature, typed or purited name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
Signature, typed or printed name of registered agent and for if applicable (NOTE Regis  12. OFFICERS AND DIRECTORS				Agent signature	required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	IS IN 12	
TITLE		DELETE	1.1 111	LF	D	ADDITIONAL TO CIT IDENO AL	Change	Addition	
NAME	NAFILYAN, PIERRE		12 NA	ME	_	AFILYAN, PIERRE			
STREET ADDRESS	710 S. DIXIE HIGHWAY			REET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33146	- Determ		Y-ST-ZIP	Č	40 SAN LORENZO ORAL GABLES, FLORIDA 331			
TITLE	D Guarch, J. M Jr.	☐ DELETE	2.1 ไป		l		☐ Change	☐ Addition	
NAME STREET ADDRESS	710 S. DIXIE HIGHWAY		2.2 NA	ME REET ADDRESS					
CITY-ST-ZIP	CODAL CARLES EL COALO			TY-ST-ZIP					
TITLE			3.1 TIT				Change	Addition	
NAME			3 2 NA	M€					
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3 4. CT	TY-ST-ZIP			Change	Addition	
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STREET ADDRESS				RELT ADDRESS					
City-ST-ZiP				Y-ST-ZIP					
TITLE		DELETE	5.1 TIT	LE			Change	Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STF	REET ADDRESS	ĺ			1	
CITY-ST-ZIP		DECETE		Y - ST - 7IP	ļ		Charac	Addition	
TITLE		☐ DELETE	6.1 TIT				Change	Addition	
NAME STREET ADDRESS			6.2 NA						
! !				FET ADDRESS Y-ST-ZIP					
CITY-ST-ZIP			5.4 UH	1-01-21					

Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplience tall 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.