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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700007349 (8)

EL METRO FABRIC CORPORATION

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1221 SW 8TH STREET 1221 SW 8TH STREET MIAMI FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Ziρ Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ALANIZ, JOSE A 1221 SW 8TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 83 City **B**5 Zip Code 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. with and accept the obligations of Section CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE ALANIZ, JOSE A 12 NAME NAME 1760 SW 7 ST., APT. 8 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33135** CITY-ST-ZIP 1.4 CtTY - ST - ZIP DELETE Change ___ Addition TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY-ST-7IP CITY-ST-ZIP Change DELETE Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 3.4. CITY - ST - ZIP Change Addition DELETE TITLE 4.1 TiTLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP

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 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.

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