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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90014 032 ***158.75

U.S. GOVERNMENT PRINTING OFFICE: 1997 O-458-000

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000040936

1. Corporation Name
TROPICAL TEXTILE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 5340 N W 161ST STREET
 HIALEAH FL 33014
 US

Mailing Address
 5340 N W 161ST STREET
 HIALEAH FL 33014
 US

3. Date Incorporated or Qualified
05/08/1997

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24 25
 26
 27
 28
 29
 30

2a. Mailing Address
P.O. Box 5121

2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
65-0756614

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

GEORGE, M. JEFFREY S
1735 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **JAIHE QUAN**
 82 Street Address (P.O. Box Number is Not Acceptable)
5340 NW 161ST STREET
 83
 84 City **HIALEAH** **FL** 85 Zip Code **33014**

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 *Jaime Quan* **JAIHE QUAN** **4/20/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VIDAN, ORESTES	
STREET ADDRESS	9695 NW 79TH AVE., BAY 25	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUAN, JAIME	
STREET ADDRESS	720 W. POND LANE 5340 NW 161ST STREET	
CITY-ST-ZIP	HIALEAH, FL 33014 HIALEAH, FL 33014	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATLLE, JOSE R	
STREET ADDRESS	605 WARREN LANE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RYDZ, ABRAHAM	
STREET ADDRESS	330 RIDGEWOOD ROAD	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	QUAN, JAIME	
2.3 STREET ADDRESS	5340 NW 161ST STREET	
2.4 CITY-ST-ZIP	HIALEAH, FL 33014	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Jaime Quan* **SIGNATURE JAIHE QUAN** **4/20/99** **305-625-2444**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)