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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073910 (6)

1. Corporation Name
SNAP SHOT FABRICS, INC.

Principal Place of Business	Mailing Address
7249 NW 36TH COURT MIAMI FL 33147	7249 NW 36TH COURT MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1997

2. Principal Place of Business
21: 3724 NW 72nd ST
22: Suite, Apt. #, etc.
23: City & State: Miami, FL
24: Zip: 33147
35: Country: USA

2a. Mailing Address
26: same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0780106 (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 or has paid the current year Intangible Personal Property Tax date June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFE, MELVIN ESQ
7249 NW 36TH COURT
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1538, 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: (Signature required only when name of registered agent is being changed.) (Typed or printed name of registered agent.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
NAME	KATTAN, ABRAHAM	13.2 NAME	
STREET ADDRESS	7249 NW 36TH COURT	13.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	13.4 CITY-ST-ZIP	
TITLE	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
NAME		13.2 NAME	
STREET ADDRESS		13.3 STREET ADDRESS	
CITY-ST-ZIP		13.4 CITY-ST-ZIP	
TITLE	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
NAME		13.2 NAME	
STREET ADDRESS		13.3 STREET ADDRESS	
CITY-ST-ZIP		13.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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 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 added, above or on an attachment with an address.

SIGNATURE: 1-20-98 305-836-1200