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 P97000096616 (2)

C & M	APPAREL MACHINE SER	VICE CO.		
Principal Plac	e of Business	Mailing Address		
6897 NW 173RD BRIVE \$104 6897 NW 173RD BRIVE \$104 MIAMI FL 33015				
MIAMI FL 30	OIS SUPERIOR STATES	7 CA MIAMILAE 30015		DO NOT INDITE IN THIS COLOR
	12942 100	131 		DO NOT WRITE IN THIS SPACE
Principal Place of Business 6897 NW 173RD Brive 104 MIAMI FL 38015 12445 NW 73RD BRIVE #104 MIAMI FL 38015 12445 NW 73RD BRIVE #104 MIAMI FL 38015				3. Date Incorporated or Qualified 11/13/1997
	lace of Business	2a. Mailing Address		4. FEI Number Applied For Not Applied For Not Applied For
21		26		
Suite, Apt.	#, 9 IC.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State	<u> </u>	City & State		
23	e e e e e e e e e e e e e e e e e e e	28		8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution □ Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	· · · · · · · · · · · · · · · · ·	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		[50]	10. Name and Address of New Registered Agent
BC	TTENOPOO MILAODOO		81 Name	
eggy ANN AZODO PONCE 1211 (150/W)				(0.0.0.1)
UNIT B-104			82 Street	Address (P.O. Box Number is Not Acceptable)
	AMI FI 33015	IAMI TI	83	
"7	, , , , , , , , , , , , , , , , , , ,	7310	r2	
			84 City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a	gent and little if applicable (NOTE ND DIRECTORS	E Registered Agent signature	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	ROTTENBERG, MILAGROS		1.2 NAME	6757
STREET ADDRESS	6897 NW 173RD DRIVE #B	-104	1.3 STREET ADDRESS	12445 N.W.
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP	12445 N.W. 75. Marie, FL. 33187
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	•
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. 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 TATLE	Change Addition
NAME			52 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 ADORESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			64 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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FILED

Apr 06 1998 8:00am

Secretary of State