FILED Apr 26, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000096616

1. Corporation Name

C & M APPAREL MACHINE SERVICE CO.

Principal Place	e of Business	Mailing Address				110		,,, gerri ardi a f		
12445 NW 7TH ST Miami FL 33182 US		12445 NW 7TH ST Miami Fl 33182 US				DO NOT WRI	TE IN THIS	SPACF		
US		03			3.	Date in	corporated or Qualifed	12		
					"	11/13	•			
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI NJ			Ap	olied For
7330	SW 12 St	26 7330 SW 12 St				65-079	96027		No	t Applicable
Suite, /vpt. #, etc.		Suite, Apt. #, etc.					te of Status Desired		\$8.75 /	dditional
		27			5.	Ceruica 	le or Status Desired		Fee Re	quired
City & Stat	e	City & State			6.	Election	Campaign Financing	\Box	\$5.00	•
Miam	i. Fl	28 Miami, Fl					and Contribution		Added t	Fees
Zip	Country	Zip	Coun	try	8.		rporation owes the curr	ent year Inta		רקע.
<u> 3314</u>	4 25 USA	29 33144 30	υ U	SA			al Property Tax.	3	Yes 1	. <u> </u>
	9. Name and Address of Curren	t Registered Agent		31 Name		Name a	and Address of New I	cegister-sa /	Agem	
₽ ∩T	TENBERG, MILAGROS					S_H 1	ROTTENBERG			
12445 NW 7TH STREET				32 Street	A Idress (F	2.O. Bo∢	Number is Not Accepta	able)		
	AI FL 33182		Ļ	7.3	30 SV	<u>v. 12</u>	_st			
MAN	MI FL 55 162			33						
			- -	34 City					85 Zip 0	ode
	to the provisions of Sections 607.050			Mi	ami		 	<u> </u>	331لـــــــــــــــــــــــــــــــــــ	44
office or r agent. I a SIGNATUFIE	egistered agent, or both, in the State m familial with, and a pen the obligation	of Florida. Such change was authors of Section 607.0505, Florid	iorized a Statut	es.	OOT STOOM S DO	oard or 1	rectors. I hereby acce	DATE	ntment as re	Ç istered
	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	gent signature n			NS/CHANGES TO OF		ID DIRECTO	RS IN 12
TITLE	D OF ICERS AN	DELETE	1.1 TITL	E	P	ADDITIO	10011111020 10 01	r louiso as	Change	X Addition
NAME	ROTTENBERG, MILAGROS	A	1.2 NAA	ıF.	-	or to C	H ROTTENB	FDC		′ .
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CITY-ST-ZIP		☐ DELETE	3.1 TITL		†				Change	Addition
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NAME			52 NAM	E						
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CITY-ST-ZIP			5.4 CIT	-ST-ZIP	-					\
TITLE		☐ DELETE	6.† TITI,	E	T				☐ Change	☐ Addition
NAME			6.2 NAM	Œ						ļ
STREET ADDRESS			6.3 STR	EET ADDRESS	, l					-

14. 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 recuired 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4-23-99

Daytime Phone #