

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90022 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000000637

1. Corporation Name  
KNITCO INDUSTRIES, INC.

Principal Place of Business  
945 SOUTHEAST 14TH STREET  
HIALEAH FL 33010

Mailing Address  
945 SOUTHEAST 14TH STREET  
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/05/1998

4. FEI Number  
64-0821602

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

2. Principal Place of Business 21 4995 EAST 102 AVE. Suite, Apt. #, etc. 22 City & State 23 HIALEAH, FLORIDA Zip 24 33013	2a. Mailing Address 26 4995 EAST 102 AVE. Suite, Apt. #, etc. 27 City & State 28 HIALEAH, FLORIDA Zip 29 33013	Country 25 USA Country 30 USA
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9. Name and Address of Current Registered Agent

CORPCO, INC.  
2699 SOUTH BAYSHORE DRIVE 7TH FLOOR  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name RONALD BENJAMIN
82 Street Address (P.O. Box Number is Not Acceptable) 4995 EAST 102 AVENUE
83
84 City HIALEAH
85 Zip Code 33013

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PRES./DIR. RONALD BENJAMIN
STREET ADDRESS	1475 WEEPING WILLOW WAY
CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33019
TITLE	<input type="checkbox"/> DELETE
NAME	J.P./DIR. LARRY POMERANTZ
STREET ADDRESS	ONE OLD COUNTRY ROAD, #335
CITY-ST-ZIP	CARLE PLACE, NEW HAMPSHIRE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)