

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000009359**

1. Corporation Name

RENAISSANCE TEXTILES, INC.

Principal Place of Business

**701 W. CYPRESS CREEK ROAD
SUITE 302
FT. LAUDERDALE FL 33309**

Mailing Address

**701 W. CYPRESS CREEK ROAD
SUITE 302
FT. LAUDERDALE FL 33309**

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90068 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

65-0836587

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

2a. Mailing Address

21 12 SE. 1ST ST.

26 12 SE. 1ST ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State,

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip Country

24 33131 25 DADE

Zip Country

29 33131 30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARIE MREJEN, P.A.
701 W. CYPRESS CREEK ROAD
SUITE 302
FT. LAUDERDALE FL 33309**

**81 Name
GIDEON. MERCI**

**82 Street Address (P.O. Box Number is Not Acceptable)
12 SE. 1ST ST**

83

**84 City
MIAMI**

**85 Zip Code
FL 33131**

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

AGENT

1/21/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MERCI, GIDEON
STREET ADDRESS 10348 NW 55TH STREET
CITY-ST-ZIP SUNRISE FL 33309

1.1 TITLE PRESIDENT
1.2 NAME MERCI, GIDEON
1.3 STREET ADDRESS 12 SE. 1ST ST.
1.4 CITY-ST-ZIP MIAMI, FL 33131

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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; 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 in an attachment with an address, with all other like empowered.

SIGNATURE: ☒

SIGNATURE REQUIRED

1/21/99

(305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)