FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 99 0000 58 68 7 1. Entity Name			_	W	
	TILE AppAREL PROducTs COAP.			FILED 02 JUN 27 PM 12: 28	
DO NOT WRITE IN THIS SPACE			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 6800 NW 82nd. Ave. Suite, Apt. #, etc.	3. Mailing Address 6800 NW 827d. Ave. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State HIAMI FL	City & State MIAMI FL		4. FEI Number 65-0931126	Applied For Not Applicable	
Zip • Country 33/66	^{Zip} 33166 Cou	intry		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name De O'Neill, Helgh Martinez Street Address (P.O. Box Number is Not Acceptable) 6800 NW 82nd Avt City Minmi FL Zip Code 33166			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Holder M. De D'Well Signature, types of international description of the purpose of changing its registered office or registered agent, or both, in the State of Florida. NOTE: Registered Agent signature required when reinstating) DATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.					
TITLE PSD	PSD TITLE DE O'NEILL, HELGA MARTINEZ ET ADDRESS 1200 NW 87710. Ave. STRE		700006257677-5 -07/08/0201078026 *****300.00 *****300.00		
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13. 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 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 11 or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: Date Daytime Phone *					

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TEXTILE APPAREL PRODUCTS CORP. DOC.#P99000058687

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

HELGA MARTINEZ DE O'NEILL PRESIDENT