2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # P990000 85687 05-17-2001 91285 041 ***150.00 KING AMERICAN TEXTILE CORP. Principal Place of Business Mailing Address A0067611 1511 E. 11 AVE. 1511 E. 11 AVE HIALEAK -FL 33010-3308 HEALEAH-FL 33010-3308 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0960444 Not Applicable Zip - - . Country \$3.75 Additional --5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LESLIE ALONSO Street Address (P.O. Box Number is Not Acceptable) 1511 E. IJAVENUE HIDLEAH-FL 33010 Zip Code 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. مهارون سرعها والرزايرة Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.06 After MAY 4, 2001 Fee will be \$850.00 Make Check Payable to Department of State.... 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change DIPS ☐ Delete TITL F చర్చిమూ భేశ అమ్మ ఉ 7.75 NAME NAME GALZLEO VEROY STREET ADDRESS STREET ADDRESS 1511 E. ITAVENUE CITY-ST-ZIP CITY-ST-ZIP HTALEAN- EL 33010 TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET, ADDRESS CITY-ST-7/P CITY-ST-ZIP

13. Thereby 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 Block 12 if changed, or on an attachment with a address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

GALILED VEROY 4-21-01

Change

FILED

☐ Addition