SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT
CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:55

DOCUMENT # **S13818** **(7)**

1. Corporation Name
NEW YORK FABRIC CORPORATION

Principal Place of Business	Mailing Address
16784 SOUTH DIXIE HIGHWAY MIAMI FL 33157	20916 SW 85TH PLACE MIAMI FL 33189 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/20/1990	04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 9060 S Dixie Hwy	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami Fl	28 City & State
24 Zip: 33176 25 Country	29 Zip 30 Country

4. FEI Number: 65-0204685 ☐ 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. The corporation has liability for unrecaptured tax under s. 193.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAMKISHUN, DEOCHAND S. 16784 SOUTH DIXIE HIGHWAY MIAMI FL 33157	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	RAMKISHUN, DEOCHAND S.	12 NAME		
STREET ADDRESS	~~16784 SOUTH DIXIE HWY.~~	13 STREET ADDRESS	20916 SW 85th Pl	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY ST ZIP	Miami Fl 33189	
TITLE	VST	21 TITLE		☒ Change ☐ Addition
NAME	RAMKISHUN, DEOCHAND S.	22 NAME		
STREET ADDRESS	~~16784 SOUTH DIXIE HWY.~~	23 STREET ADDRESS	20916 SW 85th Pl	
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY ST ZIP	Miami Fl 33189	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: D. Ramkishun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0009903 CP