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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S83742 (4)

1. Corporation Name

CONCEPT'S TEXTILE MARKETING CORP.

Principal Place of Business

4660 NW 69 AVE
MIAMI FL 33166

Mailing Address

4660 NW 69 AVE
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/30/1991

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0293437

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 4660 NW 69th AV.

2a. Mailing Address

26 4660 NW 69th AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22 MIAMI FL.

City & State

27 MIAMI, FL.

Zip

Country

24 33166 25 DADE

Zip

Country

29 33166 30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, JORGE M.
1541 TAGUS AVE
CORAL GABLES FL 33158

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	FERNANDEZ, JORGE M.
STREET ADDRESS	1541 TAGUS AVE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	Y
NAME	FERNANDEZ, JORGE M.
STREET ADDRESS	1541 TAGUS AVE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VD
NAME	CASTRO, ADRIANA M.
STREET ADDRESS	1541 TAGUS AVE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(k), Florida Statutes. I further certify that the information included 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 in this report, or on an attachment with an address.

SIGNATURE: X

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4. 11. 95 (305) 544. 4507