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

CITY-ST-ZIP

14. I hereby certify that the information supplied indicated on this annual report or supplement officer or director of the corporation of the recent of the corporation of the corporation.

Block 12 or Block 13 if changed, or

FILED **PROFIT** Feb 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # CONCEPT'S TEXTILE MARKETING CORP. Principal Place of Business Mailing Address 4680 NW 69TH AVE 4660 NW 69TH AVE MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE US US 3. Date incorporated or Qualified 09/30/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4660 NW 65-0293437 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & Stato 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 🕍 Yes 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name FERNANDEZ, JORGE M. 1541 TAGUS AVE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33156 83 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 title if applicable (NOTE: Registered Agent signature required when re-instating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSD TITLE DELETE 1.1 TITLE ☐ Change Addition FERNANDEZ, JORGE M. NAME 1.2 NAME 1541 TAGUS AVE STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition FERNANDEZ, JORGE M. NAME 2.2 NAME 1541 TAGUS AVE STREET ADDRESS 2.3 STREET ADDRESS CORAL-GABLES FL CITY-ST-ZIP 2 4 City-St-ZiP VD DELETE TITLE 3.1 TITLE Change Addition CASTRO, ADRIANA M. NAME 3.2 NAME 1541 TAGUS AVE STREET ADDRESS 3.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 THILE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 617ITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information open is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

620 MD