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

PROFIT A CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V06859

TRIM & TEXTILE BROKERS OF FLORIDA, INC.

9. Name and Address of Current Registered Agent

Principal Place of Business Mailing Address

6767 COLLINS AVENUE APT. #1107 MLAMI BEACH, FL 33141

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

6767 COLLINS AVENUE APT. #1107

2s. Mailing Address

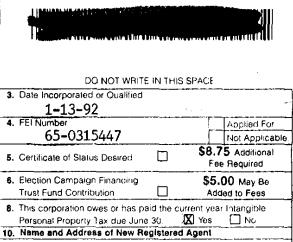
City & State

28

Suite, Apt. #. etc.

MIAMI BEACH, FL 33141

FILED
Apr 23 1998 8:00am
Secretary of State



LARRY K. HOOPER
711 EAST 38TH STREET
HIALEAH, FLORIDA 33013

	10. Name and Address of New Registered Agent					
81	LARRY K. HOOPER					
B2	Street Address (P.O. Box Number is Not Acceptable) 29625 SW 177TH AVENUE					
B3						
B4	HOMESTREAD FL 85 Zip Code 33030					

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 pr 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 obligators of, Section 607.0505, Florida Statutes.

Country

30

SIGNATURE	- Rancesteer		
		Registored Agent signature r	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVD DELETE	1,1 TITLE	Change Addition
NAME	LEAS, BRYAN	1.2 NAME	
STREET ADDRESS	6767 COLLINS AVENUE, #1107	1.3 STREET ADDRESS	
CtTY - ST - ZIP	MIAMI BEACH, FL 33141	1.4 CITY-ST-ZIP	
TITLE	ST DELETE	2.1 TITLE	Change Acdition
NAME	LEAS, BRYAN	2.2 NAME	
STREET ADDRESS	6767 COLLINS AVENUE, #1107	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH, FLORIDÁ 33141	2. 4 CITY - ST - ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4. CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	SUDDE 4551. Strang. Addition
NAME		5.2 NAME	-04/24/9801025010
STREET ADCRESS		5.3 STREET ADDRESS	***150,00
CiTY - ST - ZIP		5.4 CITY - ST - ZIP	11111111111111111111111111111111111111
TITLE	DELETE	5.1 TITLE	Crange Addition
NAME		6.2 NAME	ho arepsilon
STREET ADDRESS		6.3 STREET ADDRESS	/ ٧.23
CITY-\$1-710		6.4 CITY - ST - ZIP	1.67

14. 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 and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation of 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: / ) surander

4/11/18

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