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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

745 W/ 25 ST

HALEAH FL 33010



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V11493

(6)

NORTHWEST KNIT & TRIM, INC.

Mailing Address

745 W 25 ST HIALEAH FL 33010-2150

FILED May 12 1997 8:00am Secretary of State



			3. Date Incorporated or Qualified 3a. Date of Last Report 02/04/1992 05/01/1996								
2. Princip	al Prace of Busi	ness	2a. M	alling Address		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number	- 	A	pplied For	
21	6950	N.W. 37TI	1 AV 126				65-0312120		N/	ot Applicable	
Suite 7 22	Not #, etc		27	uite, Apt. #, etc.			5. Certificate of Status Desired		y	Additional equired	
City & State							6. Election Campaign Financing \$5.00 May Be				
23	MIAMI		28				Trust Fund Contribution Added to Fees			to Fees	
₁ Zip		Country Zip Count		У	8. This corporation has liability for intangible tax under s. 199.032,						
24	33147		29	[30]			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
		and Address of	Current Register	ea Agent	81	Name	10, Name and Address of New He	gistered A	gent		
	iavarro, re				"	Name					
9300 W FLAGLER ST #227 MIAMI FL 33174						82 Street Address (P.O. Box Number is Not Acceptable)					
					83	}					
					84	City			85 Zip	Code	
					-	1		FL],		
office agent SiGNATU	-{\t.	gont, or both, in thi vith, and accept the disciplines name of regis					poration submits this statement for the partition's board of directors. I hareby acceptive when reinstating)	ot the appo	intment as	registered	
12.	114 11111111111111111111111111111111111		RS AND DIRECTO		13.	John 219 12:20 04:2	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
THLE	P			DELETE	1,1 TATLE				Change	Addition	
NAME:	NAVARR	O, RENE C			1.2 NAME			-			
STREET ADDR	0000 141	DANG WELL AGE FOR OT HOOT				1 ADDRESS					
CITY - ST - ZIP	ANADA C				1,4 CITY-						
7 L ²	8			DELFTE	2.1 TITLE		***************************************	·	Change	Addition	
NAME	NAVARR	O. RENE		-	2.2 NAME			•			
STREET ADOR	40754 6	W. 17TH TERR				T ADDRESS					
CHY-51-249	BALASH E				2. 4 CITY	1	•				
TITLE				DELETE	3.1 TiTLE	-21-11		***************************************	Change	Addition	
NAME	ŀ				3.2 NAME						
						T ADDRESS					
STREET ADDI-	j				1	· · · · · · · · · · · · · · · · · · ·					
CHY-SI-Z-*				DELETE	3.4 CITY-				Change	Addition	
				L. Ditti					change	Addition	
NAME	1				4. 2 NAM						
STREET ASIDE						1 ADORESS					
DITY-SI-79				BRITT	44 CITY				Change	Addition	
1 ILE				☐ DELETE	5 1 TITLE	- I			change	i ⊢ Addition	
NAME	\				5 2 NAME	.1					
STREET ABOR	858				53 STREE	T ADDRESS					
CHY-S1-Zie					5.4 CiTY-				P		
HILE	[☐ DELETE	61 TITLE	ĺ			Change	Madition Addition	
NAMÉ					62 NAME						
STREET ADOR	ESS				6.3 STREE	T ADDRESS					
0(1) × S1 - 2(F	ŀ				6 4 CITY -	ST-ZIP					
	neretiv certily th	at the information s	upplied with this	filing does not qual			ed in Section 119.07(3)(i), Florida Statute	s. I further	certify tha	t the	

Information inclicated 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 ham 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:

HONATHE REGULEED

Dayline Phone #