

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000010110 (2)
 1. Corporation Name
ALI BABA FLOORING OUTLET, INC.

Principal Place of Business
**1501 KELLY
 KISSIMMEE FL 34744
 US**

Mailing Address
**1501 N KELLY
 KISSIMMEE FL 34744
 US**

FILED
 98 AUG 26 AM 10:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/31/1994	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3292887	
24	Country	29	Country	Applied for	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SALEHI, KEIKAVOUS 2417 FRANKLIN DR SUITE B KISSIMMEE FL 34744				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

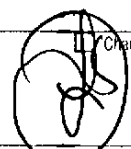
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Keikavous D. Salehi Pres. R. J. Jallu 6-18-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SALEHI, KEIKAVOUS D		1.2 NAME				
STREET ADDRESS	2417 FRANKLIN DR.		1.3 STREET ADDRESS	400002628004--6			
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY-ST-ZIP	-08/26/98--01080--020			
TITLE	DST	<input type="checkbox"/> DELETE	2.1 TITLE	***150.00 ***150.00			
NAME	BADATHENDI, FATEMEH		2.2 NAME				
STREET ADDRESS	2417 FRANKLIN DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34744		2.4 CITY-ST-ZIP				
TITLE	DVP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SALEHI, PARHAM		3.2 NAME				
STREET ADDRESS	2484 PARSONS POND CR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34743		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby 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 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.

CR2E034 (10/97)



ALIBABA FLOORING OUTLET INC. •
Builders Carpet  And Tile Supplies

1501 N. Kelley Ave. • Kissimmee, FL 34744
Phone: (407) 870-1555 • Fax: (407) 932-2999
We Guarantee Our Sales And Service

DEAR MADAM, SIR

I CALLED ON AUGUST 14 at 12:20 P.M. AND
TALKED TO A LADY, EXPLAINING MY ILLNESS,
SHE TOLD ME TO SEND THE LETTER AND THE
\$150.00 CHECK TO A DIFFERENT ADDRESS AND
THEY WILL TAKE CARE OF IT.
I AM BACK TO WORK AND THIS WILL NOT
HAPPEN AGAIN.

THANKS A LOT.

K. Salehi
8-14-98

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Florida Department Of the State
Division Of Corporations
Sandra B. Mortham
Secretary Of State

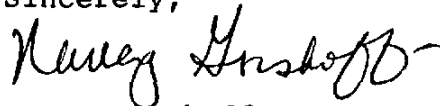
Dear Sandra Mortham,

The President of this corporation has been very ill he has been in and out of the hospital many times since the first part of May. He has asked me to take the management position at AliBaba Flooring Outlet INC. Recently in reviewing some of the paper work for this Company I came across the Annual report for AliBaba and realised it had not been filed. Please accept this report along with the \$150.00 Payment and my appologies for the late filing.

If this is not acceptable please let me know.

Thank you for your understanding and cooperation.

Sincerely,



Nancy Gorshoff