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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **442629**

1. Corporation Name

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90107 045 ***158.75

MARY C	ARPET WHOLESALE CON	γ.									
Principal Plac	e of Business	Ma	ailing Address					I (Maii) Biast arata mesa arma sena		E) Pieti Billi	B1811 8(8() 196)
6440 W.20TH A	WE.	644	10 W.20TH AVE.								
HIALEAH FL 33016 HIALEAH FL 33016								DO NOT WRITE	IN THIS	20405	
									IN THIS	SPACE	 -
1								3. Date Incorporated or Qualifed			{
								01/23/1974 4. FEI Number			anlied For
· ·	Place of Business		Mailing Address								pplied For ot Applicable
21		26	Code Ant H at					59-1508590	4.		Additional
— ······ ,	#, etc		_Suite, Apt. #, etc.	-				5." Certificate of Status Desired	%		equired
22	\	27	City & State					a Florida Camala Florida			
City & Stat	te .	<u> </u>	City & State					Election Campaign Financing Trust Fund Contribution			May Be to Fees
23	Country	28	Zip		Country				t vene lete		
Zip			214	30	Country			This corporation owes the current Personal Property Tax.	it year inta	∐ Yes	Σ No
24	9. Name and Address of Curre	29 t Basis	turned Accept	30	$\overline{}$			10. Name and Address of New Re	gistered A		7
	9. Name and Address of Culte	ent Kagia	tered Again		81	Name		10, 114,110 (114,114,114,114,114,114,114,114,114,114			
ROE	DRIGUEZ, ROLANDO				L						
	O W 20TH AVENUE				82	Street	Addres	s (P.O. Box Number is Not Acceptable	e)		
	LEAH FL 33016				83						
					83			<u>-</u>			
ļ					84	City			FL	85 Zip	Code
										<u> </u>	, annietorod
11. Pursuant office or	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 60 te of Florid	07.1508, Florida Stati da. Such change was	utes, th authori	ne above	e-named the corpo	corpor	ation submits this statement for the purished accept is board of directors. I hereby accept	urpose of o the appoin	tment as re	egistered
l office or a	registered agent, or both, in the State am familiar with, and accept the oblig	te of Flond gations of,	da. Such change was , Section 607.0505, Fl	autnon lorida S	statutes	the corpo	oration	ation submits this statement for the pure sta	urpose of o	tment as re	egistered
office or a agent. I a	registered agent, or both, in the Stat am familiar with, and accept the oblig	te of Florid gations of, gent and title i	fa. Such change was, Section 607.0505, Fl	authori lorida S	statutes	the corpo	oration	s board of directors. Thereby accept	DATE		DRS IN 12
office or a agent. I a SIGNATURE	registered agent, or both, in the Statum familiar with, and accept the oblig	te of Florid gations of, gent and title i	fa. Such change was, Section 607.0505, Fl	authori orida S	Statutes	the corpo	oration	s board of directors. Thereby accept	DATE		
office or a agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A	te of Florid gations of, gent and title i	fa. Such change was, Section 607.0505, Fi	authori lorida S	Statutes	the corpo	oration	s board of directors. Thereby accept	DATE	D DIRECTO	DRS IN 12
office or a agent. I a SIGNATURE 12. TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO	te of Florid gations of, gent and title i	fa. Such change was, Section 607.0505, Fi	authori orida S	Statutes stered Ager 13. 1.1 TITLE 1.2 NAME	the corpo	oration	s board of directors. Thereby accept	DATE	D DIRECTO	DRS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or proted name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE	te of Florid gations of, gent and title i	fa. Such change was, Section 607.0505, Fi	authoriorida S	Statutes stered Ager 13. 1.1 TITLE 1.2 NAME	nt signature of	oration	s board of directors. Thereby accept	DATE	D DIRECTO	DRS IN 12
office or a agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO	te of Florid gations of, gent and title i	fa. Such change was, Section 607.0505, Fi	authoriorida S	stered Ager 13. 1.1 TITLE 1.2 NAME	nt signature of	oration	s board of directors. Thereby accept	DATE	D DIRECTO	DRS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Fi	authoriorida S	Statutes stered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature of	oration	s board of directors. Thereby accept	DATE	D DIRECTO	DRS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or proted name of registered as OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Fi	authori lorida S rE: Regist 1 1 1 2 2	stered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE	nt signature of	oration	s board of directors. Thereby accept	DATE	D DIRECTO	DRS IN 12
office or agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or proted name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO 6440 W 20TH AVE	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Fi	authori lorida S FE: Regist	stered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE	T ADDRESS	oration	s board of directors. Thereby accept	DATE	D DIRECTO	DRS IN 12
office or agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	registered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or proted name of registered as OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Fi	authori lorida S FE: Regist 1 1 1 2 2 2	Statutes stered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS	oration	s board of directors. Thereby accept	DATE	D DIRECTO	DRS IN 12
office or agent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or proted name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO 6440 W 20TH AVE	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Fi	authoriorida S rE: Regist 1 1 1 2 2 2 3	Statutes stered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE*	T ADDRESS	oration	s board of directors. Thereby accept	DATE	D DIRECTO Change	DRS IN 12 Addition
office or a agent. It a agent. It a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or proted name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO 6440 W 20TH AVE HIALEAH FL	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Fi	authoriorida S FE: Regist 1 1 1 2 2 2 2 3 3	statutes stered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	required w	s board of directors. Thereby accept	DATE	D DIRECTO Change	DRS IN 12 Addition
office or agent. La agent. La agent. La signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or proted name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO 6440 W 20TH AVE HIALEAH FL	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Fi	authoriorida S FE: Registre 1 1 1 1 1 2 2 2 2 3 3 3 3	statutes stered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE*	T ADDRESS T ADDRESS T ADDRESS	required w	s board of directors. Thereby accept	DATE	D DIRECTO Change	DRS IN 12 Addition
office or agent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or proted name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO 6440 W 20TH AVE HIALEAH FL	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Fi	authoriorida S FE: Registre 1 1 1 1 1 2 2 2 2 3 3 3 3 3	12ed by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.3 NAME 3.3 STREE 3.4 CITY-S 3.4 CITY-S 3.5 STREE	T ADDRESS T ADDRESS T ADDRESS	required w	s board of directors. Thereby accept	DATE	D DIRECTO Change	DRS IN 12 Addition
office or agent. It agent.	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or proted name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO 6440 W 20TH AVE HIALEAH FL	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Fl if applicable. (NO: CTORS DELETE DELETE	authorida S If Registration in the second s	12ed by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.4 CITY-S 4.1 TITLE	T ADDRESS	required w	s board of directors. Thereby accept	DATE	D DIRECTO Change	DRS IN 12 Addition Addition
office or agent. It agent.	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO 6440 W 20TH AVE HIALEAH FL	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Fl if applicable. (NO: CTORS DELETE DELETE	authorida S fre. Registra 1 1 1 1 1 2 2 2 2 2 2 3 3 3 3 3 3 3 4 4 4 4	12ed by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS	required w	s board of directors. Thereby accept	DATE	D DIRECTO Change	DRS IN 12 Addition Addition
office or agent. La agent. La agent. La signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO 6440 W 20TH AVE HIALEAH FL	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Fl if applicable. (NO: CTORS DELETE DELETE	authoriorida S fre. Registra 1	12ed by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.3 STREE 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.3 STREE	T ADDRESS	required w	s board of directors. Thereby accept	DATE	D DIRECTO Change	DRS IN 12 Addition Addition
office or agent. It agent.	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO 6440 W 20TH AVE HIALEAH FL	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Flore if applicable. (NO:ECTORS DELETE	authorida S fre. Registra 1 1 1 1 1 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 4 4 4	12ed by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.3 STREE 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 4.4 CITY-S 4.5 NAME 4.5 NAME 4.5 NAME 4.5 NAME 4.6 NAME 4.6 NAME 4.7 NAME 4.8 STREE 4.4 CITY-S	T ADDRESS	required w	s board of directors. Thereby accept	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
office or agent. La agent. La agent. La signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO 6440 W 20TH AVE HIALEAH FL	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Fl if applicable. (NO: CTORS DELETE DELETE	authorida S fre. Registra 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12ed by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 5.1 TITLE 4.2 NAME 5.1 TITLE 5.1 TITLE 5.1 TITLE	T ADDRESS	required w	s board of directors. Thereby accept	DATE	D DIRECTO Change	DRS IN 12 Addition Addition
office or agent. La agent. La agent. La agent. La signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Stgnature, typed or proted name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO 6440 W 20TH AVE HIALEAH FL	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Flore if applicable. (NO:ECTORS DELETE	authorida S 1	12ed by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 5.1 NAME 5.2 NAME 5.3 STREE 5.1 TITLE 5.2 NAME	T ADDRESS	required w	s board of directors. Thereby accept	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
office or agent. La agent.	registered agent, or both, in the State am familiar with, and accept the oblig Stgnature, typed or proted name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO 6440 W 20TH AVE HIALEAH FL	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Flore if applicable. (NO:ECTORS DELETE	authorida S 11 11 12 22 22 22 24 44 45 55	12ed by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.3 STREE 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 4.2 NAME 5.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS	required w	s board of directors. Thereby accept	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition
office or agent. La agent. La agent. La agent. La signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Stgnature, typed or proted name of registered at OFFICERS A PSD RODRIGUEZ, ROLANDO 6440 W 20 AVENUE HIALEH FL C RODRIGUEZ, ORLANDO 6440 W 20TH AVE HIALEAH FL	te of Florid gations of, gent and title i	da. Such change was, Section 607.0505, Flore if applicable. (NO:ECTORS DELETE	authorida S fre. Registra 1	12ed by Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 5.1 NAME 5.2 NAME 5.3 STREE 5.1 TITLE 5.2 NAME	T ADDRESS	required w	s board of directors. Thereby accept	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition

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, with a term of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CEFICER OR DIRECTOR