

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 636056 (4)
1. Corporation Name
CRAFT CARPET, INC.



Principal Place of Business: **1595 W 35 PL HIALEAH FL 33012 US**
Mailing Address: **1585 W 35 PL HIALEAH FL 33012 US**

3. Date Incorporated or Qualified: **09/13/1979**
3a. Date of Last Report: **08/16/1995**
4. FEI Number: **59-2013201**
Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt #, etc
22. City & State
23. Zip Country
24. Zip Country
25. Zip Country
26. Mailing Address
27. Suite, Apt #, etc
28. City & State
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
**GARCIA, JOSE
1585 W 35 PL
HIALEAH FL 33012**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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 reinstating) Date: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	GARCIA, JOSE	
STREET ADDRESS	728 W. 53 ST.	
CITY - ST - ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/>
NAME	GARCIA, GISELA	
STREET ADDRESS	728 W. 53 ST.	
CITY - ST - ZIP	HIALEAH FL	
TITLE	ST	<input type="checkbox"/>
NAME	TRAVIESO, MARIA T.	
STREET ADDRESS	9820 S.W. 16TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME			
13. STREET ADDRESS			
14. CITY - ST - ZIP			
21. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22. NAME			
23. STREET ADDRESS			
24. CITY - ST - ZIP			
31. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32. NAME			
33. STREET ADDRESS			
34. CITY - ST - ZIP			
41. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42. NAME			
43. STREET ADDRESS			
44. CITY - ST - ZIP			
51. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52. NAME			
53. STREET ADDRESS			
54. CITY - ST - ZIP			
61. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62. NAME			
63. STREET ADDRESS			
64. CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** *[Signature]* **JOSE GARCIA 6/18/06 823-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)