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CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16 1997 8:00am Secretary of State

DOCUMENT # F54214 1. Corporation Name MAGIC ORIENTAL RUGS, INC. Principal Place of Business Mailing Address 1801 BISCAYNE BLVD OMNI STE. 1095 MIAMI FL 33132 MIAMI FL 33132-1270 MAILING ADDRESS MIAMI FL 33132-1270						
US		U\$		3. Date Incorporated or Qualified 11/17/1981	3a. Date of 04/18/1	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	04/10/1	Applied For
21		26		59-2155039	·	Not Applicable
Suite Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	3.75 Additional Fee Required
22 City & Sta	ate	City & State		Election Campaign Financing		5.00 May Be
23		28		Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i		
24	9. Name and Address of Cu	rrent Registered Agent	[30]	Florida Statutes 10. Name and Address of New Re-	Ves No	
SH	AKIB, JOSEF	TOTAL TOBIOLOGICA PAGOTA	81 Name	10. Hattis and Addition of from the	giatorou Agoi.	
	HAMMOND DR. ,		82 Street Ad	Idress (P.O. Box Number is Not Acceptab	ala)	· · · · · · · · · · · · · · · · · · ·
MIAMI SPRINGS FL 33166			62) Street Ad	idiess (P.O. Box Number is Not Acceptad	נטונ	
			83			
	*		84 City		85	Zip Code
				FL	·	
11. Presupn office or agent 1	it to the provisions of Sections 607. registered agent, or both, in the S am lamiliar with, and accopt the ol	0502 and 607,1508, Florida Stati tate of Florida. Such change was biligations of, Section 607,0505, I	utes, the above-named co s authorized by the corpor Florida Statutes.	orporation submits this statement for the p ration's board of directors. I hereby accep	ourpose of char of the appointm	ent as registered
SIGNATURE	Signatus explosive poste d'agricolte gastin	d agent and little if amplicable (No	OTE: Registered Agent signature req	orporation submits this statement for the pration's board of directors. I hereby acceptation's many properties of the pr	DATE CERS AND DIRI	ECTORS IN 12
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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.