Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90110 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F54788

1. Corporation Name

ESPERANZA CARPET, CORP

Principal Place of Business Mailing Address							I (MB)(MB ((B) B())(B)B() (B)B() (B)B()	11 E(E(1 E)	914 0 1011 01011	E1E11 81811 1491	
4211 SW 74TH		4211 SW	4211 SW 74TH AVE.								
MIAMI FL 33155 MIAMI FL 33155							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				7
							12/21/1981				
2. Principal F	Place of Business	2a. Mailin	g Address				4. FEI Number		A	oplied For	1
21		26					59-2151414		_ 	ot Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75	Additional	1
22		27	27				5. Certifcate of Status Desired	·	Fee Re	equired	1
City & Star	le	City 8	City & State				6. Election Campaign Financing	I		May Be	{
23		28					Trust Fund Contribution		Added	to Fees	4
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current y			Π.,	{
24	25	29		30	<u> </u>		Personal Property Tax: 10. Name and Address of New Regis			□No	-
	9. Name and Address of Currer	it Registered A	Agent		81	Name	10. Name and Address of New Regis	stereu A	geni	-	1
FRA	DE, ESPENRANZA					Mairie					
13211 SW 51ST ST.			82 Street Ad			Street Addre	ess (P.O. Box Number is Not Acceptable)				١
	MI FL 33175				83			~			1
					84	City		FL	85 Zip	Code	ļ
11 Dureuant	to the provisions of Sections 607 050	2 and 607 150	8 Florida Statut	es the a	bove	-named corpo	oration submits this statement for the purp	ose of c	hanging its	registered	1
office or i	registered agent, or both, in the State	of Florida. Suc	h change was a	uthonzed	i by i	the corporatio	n's board of directors. I hereby accept the	appoin	tment as re	egistered	
	im familiar with, and accept the obliga	itions of, sectio	11 007.0505, 110	nua Stati	ules.						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicab	ie. (NOTE	: Registered	Agent	t signature required	d when reinstating)	DATE			ءَ ا
12.	OFFICERS AN	ID DIRECTOR	S	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	ORS IN 12	٤
TITLE	PD		☐ DELETE	1,1 TE	re.			-	Change	☐ Addition	3
NAME	ESPERANZA, SFRADE			1,2 N	ME						1 5
STREET ADDRESS	13211 SW 51ST ST.		1.3 ST		S STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL			1,4 CI	TY-ST	-ZiP				_	ַן בַּ
TITLE		- DELETE		2.1 ∏	ΓLE				Change	☐ Addition	۱ ۲
NAME	FRADE, CARLOS G			2.2 N	WE						1
STREET ADDRESS	13211 SW 51ST ST.			2.3 \$1	REET	ADDRESS					ĺ
CITY-ST-ZIP	MIAMI FL			2.4C	ΠY-\$	T-ZIP					_
TITLE	T □ DELETE		3.1 TF	ΠE				☐ Change	☐ Addition	}	
NAME	FRADE, CARLOS A.			3.2 N	ME	1]
STREET ADDRESS	13011 SW 84 ST			3.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33183		3.4. C	3.4. CITY-ST-ZIP							
TITLE	S	☐ DELETE		4,1 TI	TLE				☐ Change	☐ Addition	
NAME	ROMERO, VIVIAN A	RO, VIVIAN A		4. 2 N	4, 2 NAME						}
STREET ADDRESS	6905 SW 148 CT		4.3 ST	4.3 STREET ADDRESS							
CITY-ST-ZIP	1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M		4.4 CI	I.4 CITY-ST-ZIP				<u> </u>			
TITLE				5,1 71	ΊŒ				Change	☐ Addition	}
NAME				5.2 N/	WE						
STREET ADDRESS	·			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP				5.4 CI	TY-ST	-ZIP		_			J
TITLE			DELETE	6.1 71	TLE				☐ Change	☐ Addition	}
NAME	i			6.2 NA	ME						1

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

REQUIRED NAME OF SIGNING OFFICER OR DIRECTOR

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 regiver or trusted 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 appear and address, with all other like empowered.