## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** G97797

(6)

1. Corporation Name  RALPH'S CARPET SERVICE, INC.							!   <b>41</b> 1 <b>6</b> 16   <b>6</b> 164	ALAH SIAN DE	14 BIBIL H <b>11</b>
Principal Place of	Business	Mailing Address	Mailing Address						
5155 S.W. 133	RD CT. DR.		5155 S.W. 133RD CT. DR. Miami FL 33175						
MIAMI FL 3317	5	MIAMI FL 331				3. Date Incorporated or Qualified 3a. Date of Last Report			or1
						04/05/1984	.04	/28/1995	<u> </u>
- 1 - 1 - 1	-(Flueipace	2a. Mailing Addre				4. FEI Number		Ap	plied For
2. Principal Plac	3 OL DRAMESS	26	h1 `			59-2395195			t Applicable
Suite, Apt. #,	etc.	Suite, Apt #	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
2		27				6. Election Campaign Financing		\$5.00	<u> </u>
City & State		City & State				Trust Fund Contribution			to Fees
		28		Country		8. This corporation has lability for	intangible ta:	cunders 1	99 032.
Zip Country		Ζφ [20]	29 30			Florida Statutes X Ye	s 🔲 No		
<u> </u>	9. Name and Address of Cu					10. Name and Address of New	Registered A	gent	
	9, 144110			81	Name				
GARCIA, RAFAEL E. 5155 S.W. 133RD CT. DR.				82	Street Addr	et Address (P.O. Box Number is Not Acceptable)			
				Ļ.					
DIDD D.V MIAMI FI				83					
MACMIT	. 33170			84	City		FL	85 Zip	Code
SIGNATURE	signature. Typed or printed name of registerial	agerta el Michaelo el Re	Prode 18		etsjatur ogore	ADDITIONS/CHANGES TO O	DATE FEICERS AND	DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS  DELFTE		0.010	13. ! 1 TITLE 12 NAME		ADDITIONS/GFFA/GEO (O C)		Charige	Addition
TITLE	PD _	PD							
NAME	GARCIA, RAFAEL E.	22			T ADDRESS				
STREET ADDRESS 5155 S. W. 133 COURT DE		UR			ST-ZIP				
CITY-ST-ZIP TITLE	MIAMI FL.	□ DE	t ETE	2 1 TIFLE				Change	Addition
NAME	TDS Garcia, Lourdes			2 2 NAME					
STREET ADDRESS	5155 S. W. 133 COURT	DR.		23 STRÉ	ET ADDRESS				
CITY-S1-ZIP	MAM FI		2.4 CITY				Change	Additio	
TITLE		□ D	ELFTE	3 1 1112	ļ			· - ·*"	
NAME				3 2 NAM	1				
STREET ADDRESS				3.3 STR	FET ADDRESS				
CHTY - ST - ZIP			ELETE	4 1 1111				☐ Change	☐ Addit o
TITLE				4.2 NAM					
NAME				4.3 STR	ET ADDRESS				
STREET ADDRESS				•	-ST ZIP				- Naari
CITY - ST - ZIP			DELETE	5 1 Hill	.F			☐ Change	☐ Addeb
NAME				52 NAN	4E				
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP					√-ST-ZIP			Change	IIIbbA 🗍
TITLE	<del>                                     </del>		DELFTE	6 1 [1]	LF			L) Change	

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 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 attachment with an address 6 4 CHY-\$1-ZIP

6.2 NAME

6.3 STHEFT ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 (201)239364

CR2E034 (12/95)