File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILUD SPEKEIAKY OF STATE DIVISION OF COSTORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 90 MAR 22 AM 10: 37 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # 196000000496** 1a. Principal Place of Business Address GLOBAL FLOORING SYSTEMS LLC 17038 W. DIXIE HIGHWAY STE 116 17038 W. DIXIE HIGHWAY STE 1 NO MIAMI FL 33160 NO MIAMI FL 33160 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 05/06/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0753880 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 03/23/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office FRANKLYN, GILDA 17038 W. DIXIB HIGHWAY STE 116 Street Address (P.O. Box Number is Not Acceptable) NO MIAMI FL 33160 Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited flability company 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 affirmative vote of a majority of the members. I hereby accept the appointment 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM FRANKLYN, GILDA 17038 W. DIXIE HIGHWAY STE NO MIAMI FL 17038 W. DIXIE HIGHWAY STE NO MIAMI FL ίζ ( E 10 500000286288.184---03/30/99--01051--007 \*\*\*\*188.75 \*\*\*\*188.75

11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

INHSE10 R (12-98)

attachment with an address SIGNATURE: