

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M17690
1. Corporation Name
SAVE ON CARPET SERVICE

Principal Place of Business Mailing Address
12420 SW 192 TR SAME
MIAMI FL 33177

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	7/8/85	5/1/96
22	27	4. FEI Number	Applied For
23	28	59-2553628	Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALEXIS VELASCO 12420 SW 192 TR MIAMI FL 33177	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.1 NAME	1.1 TITLE	1.1 NAME
PO	VELASCO, ALEXIS		
1.2 STREET ADDRESS	1.2 STREET ADDRESS		
12420 SW 192 TR			
1.3 CITY-STATE-ZIP	1.3 CITY-STATE-ZIP		
MIAMI, FL 33177			
2.1 TITLE	2.1 NAME		
STD	VELASCO, LIDIA		
2.2 STREET ADDRESS	2.2 STREET ADDRESS		
12420 SW 192 TR			
2.3 CITY-STATE-ZIP	2.3 CITY-STATE-ZIP		
MIAMI, FL 33177			
3.1 TITLE	3.1 NAME		
3.2 STREET ADDRESS	3.2 STREET ADDRESS		
3.3 CITY-STATE-ZIP	3.3 CITY-STATE-ZIP		
4.1 TITLE	4.1 NAME		
4.2 STREET ADDRESS	4.2 STREET ADDRESS		
4.3 CITY-STATE-ZIP	4.3 CITY-STATE-ZIP		
5.1 TITLE	5.1 NAME		
5.2 STREET ADDRESS	5.2 STREET ADDRESS		
5.3 CITY-STATE-ZIP	5.3 CITY-STATE-ZIP		
6.1 TITLE	6.1 NAME		
6.2 STREET ADDRESS	6.2 STREET ADDRESS		
6.3 CITY-STATE-ZIP	6.3 CITY-STATE-ZIP		

14. I do 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 included 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

SIGNATURE:  4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)