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

CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000012008 (8) DOCUMENT

COM-TECH FLOORING, INC.

Principal Place of Business Mailing Address 12991 S.W. 132 COURT 12891 S.W. 132 COURT MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0376944 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TEJEDOR, LOURDES 6911 N.W. 82 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 83 64 City 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 reinstating) Signature, typed or printed name of registered agent and tilk: if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TIT1 E DELETE ☐ Change ☐ Addition TEJEDOR, RAY NAME 1.2 NAME CR2E034 13935 SW 10TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RAPPARD, ANA MARIA NAME 22 NAME 3945 W. 10TH CT STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33012 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 of suppliemental 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 of the receiver of 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 chapted of an an attachment with an appears.

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

44 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

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SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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TITLE

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FILED

May 11 1998 8:00am

Secretary of State