

SECOND NOTICE: CORPORATION WILL BE DISSOLVED
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVE)

ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE TO REINSTATE: \$750.

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Catherine Harris
Governor
CORPORATIONS

DOCUMENT # P930000009741

1. Corporation Name

J & R CARPET SERVICES, INC.

99 JUL 30 AM 11:33

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



4/01/99 90051/008 \$150.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business
3169 WEST 70TH STREET
HIALEAH FL 33016

Mailing Address
5410 NW 113 TERR
HIALEAH FL 33012
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

02/09/1993

4. FEI Number

65-0386471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

GARCIA, JORGE
5710 NW 113 TERR
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name GARCIA JORGE.
82 Street Address (P.O. Box Number is Not Applicable) 8871 N.W. 175 Street.
83
84 City Miami FL 85 33018

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 fully qualified and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/23/99

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GARCIA, JORGE	
STREET ADDRESS	3169 WEST 70TH ST.	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	☐ DELETE
NAME	GARCIA, ROSA M	
STREET ADDRESS	3169 WEST 70TH ST.	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	GARCIA JORGE	
1.3 STREET ADDRESS	8871 N.W. 175 ST.	
1.4 CITY-ST-ZIP	Miami FL 33018	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	GARCIA ROSA M.	
2.3 STREET ADDRESS	8871 N.W. 175 ST.	
2.4 CITY-ST-ZIP	Miami FL 33018	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/99

CR2E034 (5/99)