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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000025869 (7)

FLOORS CONTRACTING CO.

Principal Place of Business Mailing Address

FILED Feb 05 1997 8:00am Secretary of State



Trincipal Class of Educates			10.030						
4365 SW 72ND AVENUE MIAMI FL 33155		4365 SW 72ND AVENUE MIAMI FL 33155-4514							
							Date of Last Report 2/13/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26			65-0407735			ot Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	o .	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution			to Fees	
Zip 24	Country 25	Zip 29	Gountr 30	/	8. This corporation has liability for in Florida Statutes	itangible ta Yes 🔲		s. 199.032,	
	g, Name and Address of Curre	nt Registered Agent		·····	10. Name and Address of New Reg	Istered Ag	ent		
BAR	KET, GEORGE E ESO		81	Name					
2935 SW THIRD AVENUE MIAMI FL 33129			82	82 Street Address (P.O. Box Number is Not Acceptable)			······································		
			83		· · · · · · · · · · · · · · · · · · ·			·	
			84	City .		FL	85 Zip	Code	
	to the provisions of Sections 607 050 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida Such change was ations of, Section 607.0505, F	ites, the above authorized b lorida Statute	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of ch the appoin	nanging itment a	its registered s registered	
SIGNATURE	Signation, type if or puritied raine of registered ag	ent and tite it applicable (NC	TE: Registered At	ent signature requ	ired when reinstating)	DATE			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		IRECTO	RS IN 12	
TILE	PTD	DELETE	1.1 TITLE				Change	Additio	
NAME	PERAZA, GRACE		1.2 NAME						
STREET ADORESS	11268 SW 73RD TERRACE		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33173		1.4 CłTY~	ST - ZIP					
TITLE	VSD	DELETE	2.1 TITLE				Change	☐ Additio	
NAME	GONZALEZ, LUISA		2.2 NAME						
STREET ADDRESS	2715 SW 78TH AVE		2.3 STREE	T ADDRESS					
C-TY - ST - ZIP	MIAMI FL		2.4 CITY	ST-ZIP					
TITLE		DELETE	3.1 TITLE			F. L	Change	Additio	
NAME			3.2 NAME			•			
STREET ADDRESS			3 3 STREE	TADORESS					
CITY - ST - ZIP			3.4. CITY	ST-ZIP			1	.	
TIPLE		DELETE	4 1 TITLE			L.	J Change	Additio	
NAME			4. 2 NAM	F					
STREET ADDRESS			1	T ADDRESS					
CITY-ST-7.P		T AFLES	4.4 CITY-	ST-ZIP			1 05	1.1200	
TITLE		[] DELETE	5.1 TITLE			L.] Change	L Additio	
NAME			5.2 NAME						
STREET ADURESS			5.3 STREE	T ADORESS		•			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			T		
TITLE		DELETE	6.1 TITLE			<u> </u>	Change	Addition Addition	
NAME			6.2 NAME	1					
STREET ADDRESS			6.3 STREE	T ADDRESS	•				
C-TY-ST-7IP			6.4 CITY -	ST-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 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 if changed, or on an attachment with an address.