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PROFIT CORPORATION... ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P93000025869 FLOORS CONTRACTING CO.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90050 003 ***150.00



Principal Place of Business Mailing Address 4365 SW 72ND AVENUE MIAMI FL 33155 4365 SW 72ND AVENUE 1 1 1 1 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2. Principal Place of Business . . . 04/08/1993 2a. Mailing Address 21 4. FEI Number 26 Suite, Apt. #, etc. Applied For 65-0407735 Suite, Apt. #, etc. Not Applicable 27 5. Certifcate of Status Desired \$8.75 Additional City & State City & State Fee Required 6. Election Campaign Financing 28 \$5.00 May Be Zip Country Trust Fund Contribution Zin Country 24 Added to Fees 8. This corporation owes the current year Intangible 29 9. Name and Address of Current Registered Agent 30 Personal Property Tax. □No 10. Name and Address of New Registered Agent BARKET, GEORGE E ESQ Name 2935 SW THIRD AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33129 83 84 City 41. 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 agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. Signature, typed or printed name of registered agent and title if applicable 12. (NOTE: Registered Agent signature required w OFFICERS AND DIRECTORS en reinstating) TITLE PTD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE PERAZA, GRACE 1.1 7TTLE NAME ☐ Change 11268 SW 73RD TERRACE 1.2 NAME STREET ADDRESS **MIAMI FL 33173** 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VSD 1.4 C/TY-ST-ZIP ☐ DELETE GONZALEZ, LUISA 2.1 T/TLE NAME ☐ Change ☐ Addition STREET ADDRESS 2715 SW 78TH AVE 22 NAME CITY-ST-ZIP MIAM! FL 2.3 STREET ADDRESS TILE 2.4 CITY+ST-ZIP ☐ DELETE 中国对新疆 3.1 TITLE NAME, ☐ Change ☐ Addition STREET ADDRESS 3.2 NAME CITY-ST-ZIP 3.3 STREET ADDRESS TITLE 3.4. CITY-ST-ZIP DELETE NAME ... 4.1 TITLE a mai ☐ Change . STREET ADDRESS 4. 2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE 4.4 CITY-ST-ZIP DELETE 5.1 TITLE NAME Change 5.2 NAME Addition STREET ADDRESS [3] 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.4 CITY-ST-ZIP DELETE TOWER TY 6.1 TITLE 相抗能 Change 6.2 NAME ☐ Addition STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-665-2722

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