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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000059884 (5)

THE COLLECTION CARPET #1, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				, toggetater the toyou tillly only other deter dotter bring level rolls tolly bill later	
13398 S.W. 11 MIAMI FL 331		13396 SW 11TH LANE MIAMI FL 33064			
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2 Principal P	Place of Business	A 2a. Mailing Address			08/26/1993 4. FEI Number Applied For
	lace of Business	26 1379 sw 135 poluce.		100.	1,55,551.0
Suite, Apt. #, etc.		Suite, Apt. #, etc.		, ,,,,,	SQ 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	9, Name and Address of Curren		0		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		r negistered Agent	69	Name	10. Name and Address of New Registered Agent
	NDON GUILLERMO			110	
	398 \$W 11 LANE		82	82 Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33186			83		
			84	City	85 Zip Code
					FL FL FL FL FL FL FL FL
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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
12.	Signature, typed or printing name of registered age OFFICERS ANI		Registered Age	nt signature i	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OF ICEAS AND	DELETE	1.1 HILE	\longrightarrow	Change Addition
NAME	RENDON, GUILLERMO		1.2 NAME		Pandon Guillormo.
STREET ADDRESS	13398 S.W. 11TH LANE		1.3 STREET ADDRESS		1379 SW 135 place
CITY-ST-ZIP	MIAMI FL 33184		1.4 CHY-S		Pondon Guillormo. 1379 sw 130 playe Hiami yel 33104
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET	ADDRESS	
CITY-ST-ZIP			2. 4 CITY -	ST - ZIP	
TITLE		☐ DELETÉ	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4 CITY-5	ST-21P	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	Ì	
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY - S	T- ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	1	
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6,3 STREET	ADDRESS	
CITY-ST-ZIP			64 CITY-S	T-ZIP	

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 if chapter 607, or an attachment with an address.