

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90251 050 ***150.00

DOCUMENT # P93000059884

1. Corporation Name

THE COLLECTION CARPET #1, INC.



Principal Place of Business

13398 S.W. 11TH LANE
MIAMI FL 33184

Mailing Address

1379 SW 135 PL
MIAMI FL 33084
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1993

4. FEI Number

65-0444450

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 *Collection Carpet*

2a. Mailing Address

26 *15270 SW 80 ST.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *#8*

27

City & State

23 *Miami*

City & State

28

Zip

24 *33193*

Court

25 *Florida*

Zip

29

Country

30

9. Name and Address of Current Registered Agent

RENDON GUILLERMO
13398 SW 11 LANE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

82 *Guillermo Rendon*
Street Address (P.O. Box Number is Not Acceptable)

83

15270 SW 80 ST.

84

City *Miami*

FL

85 Zip Code

33193

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: *Guillermo Rendon*

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

(NOTE: Registered Agent signature required when reinstating)

4-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *D*
RENDON, GUILLERMO

STREET ADDRESS *1379 SW 135 PL*

CITY-ST-ZIP *MIAMI FL 33184*

TITLE ☐ DELETE

NAME *Collection Carpet*

STREET ADDRESS *Guillermo Rendon*

CITY-ST-ZIP *15270 SW 80 ST.*

Miami FL 33193

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 119.01(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Guillermo Rendon *4-19-99* *305.383.22-22*

CR2E034 (1/98)