

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000071636 (3)**

1. Corporation Name  
**JOE'S QUALITY CARPETING OF FLORIDA, INC.**



2. Principal Place of Business		2a. Mailing Address	
15770 S.W. 106TH TERRACE SUITE 106 MIAMI FL 33196		15770 S.W. 106TH TERRACE SUITE 106 MIAMI FL 33196	
21. State, Apt. #, etc.	26. State, Apt. #, etc.	22. City & State	27. City & State
23. Zip	28. Zip	25. Country	30. Country

3. Date Incorporated or Qualified <b>10/15/1993</b>	3a. Date of Last Report <b>01/17/1995</b>
4. FET Number <b>65-0442648</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**OGHAN, JORGE**  
15770 S.W. 106TH TERRACE  
SUITE 106  
MIAMI FL 33196

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0507 and 607.1506, 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 607.0405, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	S	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	OGHAN, SALIM	2. NAME	
3. STREET ADDRESS	15770 S W 106TH TERRACE #106	3. STREET ADDRESS	
4. CITY-STATE-ZIP	MIAMI FL	4. CITY-STATE-ZIP	
5. TITLE	DVP	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	OGHAN, JORGE	6. NAME	
7. STREET ADDRESS	15770 S W 106TH TERRACE #106	7. STREET ADDRESS	
8. CITY-STATE-ZIP	MIAMI FL	8. CITY-STATE-ZIP	
9. TITLE	P	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	OGHAN, JOSE	10. NAME	
11. STREET ADDRESS	11050 S W 143RD RD PLACE	11. STREET ADDRESS	
12. CITY-STATE-ZIP	MIAMI FL	12. CITY-STATE-ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY-STATE-ZIP		16. CITY-STATE-ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY-STATE-ZIP		20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **JORGE OGHAN** FEB. 1996 *[Signature]* **(65) 383-7832**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)