

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

FILED

Jan 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000071636 (3)

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



Principal Place of Business: 15770 S.W. 106TH TERRACE SUITE 106 MIAMI FL 33196
Mailing Address: 15770 S.W. 106TH TERRACE SUITE 106 MIAMI FL 33196-4229

3. Date Incorporated or Qualified: 10/15/1993
3a. Date of Last Report: 02/15/1996

2. Principal Place of Business: 15770 S.W. 106 TER.
2a. Mailing Address: 15770 S.W. 106 TER.

4. FEI Number: 65-0442648
Applied For: Not Applicable

Suite, Apt. #, etc.: 106
27. Suite, Apt. #, etc.: 106

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: MIAMI, FL
28. City & State: MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 33196 Country: USA
29. Zip: 33196 Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	OGHAN, SALIM
STREET ADDRESS	15770 S W 106TH TERRACE #106
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	DVP OGHAN, JORGE
STREET ADDRESS	15770 S W 106TH TERRACE #106
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PRES/DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OGHAN, SALIM
1.3 STREET ADDRESS	15770 S.W. 106 TER #106
1.4 CITY-ST-ZIP	MIAMI, FL 33196
2.1 TITLE	SECRY-DIR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	OGHAN, MARIETE
2.3 STREET ADDRESS	15770 S.W. 106 TER #106
2.4 CITY-ST-ZIP	MIAMI, FL 33196
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE: _____ DATE: 1-4-97 (25) 323-7832
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JORGE OGHAN, DVP

CR2E034 (9/96)