FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004690 (1)

1. EMAMI ORIENTAL RUG, INC.

4141 NE 2 AVE
SUITE 106-C
MIAMI FL 33137

4141 NE 2 AVE
SUITE 106-C
MIAMI FL 33137

3. 01/07/1994

4. FEI Number: 65-0462666

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. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 2-C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent of the corporation in charge of such office are as follows:

(Signature)

12. OFFICER AND DIRECTOR

Title	PSTD
Name	EMAMI, ROBERT B
Street Address	4141 NE 2 AVE SUITE 106-C
City-State-Zip	MIAMI FL 33137
Title	VD
Name	PAKRAY, JALIL
Street Address	1855 GRIFFIN RD SUITE A 366
City-State-Zip	DANIA FL 33004

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.0505, Florida Statutes. I further certify that the corporation has complied with all applicable requirements of Section 607.0502, Florida Statutes, pertaining to the appointment of a registered agent in Florida. I am familiar with and accept the duties and responsibilities of registered agent.

SIGNATURE: [signature] 5/3/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0144144 CP

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P94000004749 (5)

1. Corporation Name

NORTH AMERICAN DISTRIBUTORS ALLIANCE, INC.

Principal Place of Business	Mailing Address
7401 114TH AVE. NORTH SUITE 505 LARGO FL 34643	7401 114TH AVE. NORTH SUITE 505 LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report:

4. FEI Number: 59-3221821 — Applied For / Not Applicable

2. Principal Place of Business / 2a. Mailing Address
21 / 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24, Country 25 / Zip 29, Country 30

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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SAUNDERS, RONALD
7401 114TH AVE. NORTH
SUITE 505
LARGO FL 34643

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 607.1503 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: Ronald L. Saunders — 5-8-95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SAUNDERS, RONALD
STREET ADDRESS	6298 CEDARBROOK DR. NORTH
CITY-ST-ZIP	CLEARWATER FL 34666

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP; ☐ Change ☐ Addition) — blank

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)(i), Florida Statutes. I further certify that the information indicated on the 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: Ronald L. Saunders — 5-8-95 — (813) 546-8088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071555 CP