COF	E NOW: FILING FEE PROFIT RPORATION JAL REPORT 1996 4 344	FLORIDA DEPA Sandra Secret DIVISION OF	ARTMENT OF STATE B. Mortham ary of State CORPORATIONS			
1. Corporation	Name	00012366 (8	3)			
L. A.	FLOORS, INC.			A EDANADA DE ATERA DIANT ADAM ADA	18 <b>30</b> 911 <b>41</b> 141 State Hitles Hing Burg Burg Borg	
Principal Place	of Business	Mailing Address				
1264 N.W. PEMBROKE	97TH AVE. E PINES FL 33024	1264 N.W. 97TH AVE PEMBROKE PINES F				
				3. Date incorporated or Qualified 02/15/1994	3a. Date of Last Report 04/19/1995	
21 2021	ace of Business 5w70 AVE B-5	2a. Mailing Address 26		4. FEI Number 65-0469853	Applied For Not Applicable	1
Suite, Act.	#. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State  23 <b>DA V</b>	IE Fl	City & State	-	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	1
24 333		Zip <b>29</b>	Country 30	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s 199.032,	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	1
l	GUEZ, ANDY J I.W. 97TH AVE.		82 Street Addr	ess (P.O. Box Number is Not Acceptable	8)	$\frac{1}{2}$
,	ROKE PINES FL 33024		83			1
			84 City		FI 85 Zip Code	1
11. Pursuant to	o the provisions of Sections 607,050; ed agent, or both, in the State of Flori	2 and 607.1508, Florida Statute da. Such change was authorize	s, the above-named corporad by the corporation's boar	ation submits this statement for the purp of of directors. I hereby accept the appo		
familiär wit SIGNATURE	h, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.	o by the corporation a both	d of directors. Thereby accept the appo	nimeni as registered agent. Lam	
	Signature, typed or printed name of registered agen		E. Registered Agent signature required		DATE	<u></u>
12. TITLE	D OFFICERS AN	D DIRECTORS	13. 1 1 TITLE	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12  Change	2E034 (12/95)
NAME	RODRIGUEZ, ANDY J	_	1.2 NAME			12
STREET ADDRESS	1264 N.W. 97TH AVE.		1.3 STREET ADDRESS			8
CITY-ST-ZIP	PEMBROKE: PINES FL 3302	24	1.4 CITY - ST- ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	8
NAME			2.2 NAME			
STREET ADDRESS  CITY-ST-ZIP			2.3 STREET ADDRESS			
TITLE		DELETE	2.4 CITY - ST - ZIP 3. 1 TITLE		Change	-
NAME		- Servapori	3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-ST-ZIP			3.4 CITY - ST - ZIP			
TITLE		DELETE	4. 1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			4.2 NAME			
CITY-ST-ZIP			4.3 STREET ADORESS			
TITLE		DELETE	4.4 CHY-ST-ZIP 5 1 TITLE	-	Change Addition	┨
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		5.4 CITY - ST-ZIP			
TOTLE		☐ DELETE	6. 1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	cortify that the information supplied	with this filing is not intended.	6.4 CITY-ST-ZIP	All and a second		1
certify that	the information incloated on this annu	war inis niing is voluntarily turnis val report or supplemental annu	ined and does not qualify to al report is true and accurat	r the exemption stated in Section 119.0 e and that my signature shall have the sa report es required by Chapter 607, Flori	7(3)(k), Florida Statutes. I further ame legal effect as if made under	
oatn; that I appears in I	am an officer or director of the corpo Block 12 or Block 137 changed, in o	ration or the receiver or trustee on an attachment with an addre	empowered to execute this ss.	report as required by Chapter 607, Flori	da Statutes; and that my name	l
CICLIATI	UDE. Off A	1/ /	- ( <u>-</u>	بطدان	6 )4225.11	1
SIGNAT	SIGNATURE AND TYPES OF	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	9/1//b	(305   + /3 3 / /   Deytime Phone #	
	,		_	•		