FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061498

1. Corporation Name: ORIENTAL RUG DESIGN, INC.

Principal Place of Business	Mailing Address
999 Douglas Ave Suite 2229 Interior Decor Center Altamonte Springs, FL 32714	999 Douglas Ave. Suite 2229 Interior Decor Center Altamonte Springs, FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: August 17, 1994
3a. Date of Last Report: —

2. Principal Place of Business	2a. Mailing Address
21 999 Douglas Ave.	26 999 Douglas Ave.
Suite, Apt. #, etc 22 2229	Suite, Apt. #, etc 27 2229
City & State 23 Altamonte Springs, FL	City & State 28 Altamonte Springs, FL
Zip 24 32714	Zip 29 32714
Country 25 USA	Country 30 USA

4. FEI Number: 59-3266655 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Nasser JAFARIARIA Suite 2229 Interior Decor center Altamonte Springs, FL 32714	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	Treasurer NASSER JAFARIARIA 417 Sun Lake CIR #115 Lake Mary FL 32746	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	Secretary Zunilda Jafariaria 417 Sun Lake CIR. #115 Lake Mary FL 32746	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition 900001483573 -05/10/95--01057--020 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

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 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: Nasser Jafariaria 4.29.95 (407) 682-7847
SIGNATURE AND (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number)