PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400071785

ADDIL CADDET CODD

APRIL CARPET CORP.

Mailing Address Principal Place of Business 6078 S.W. 128 CT. 6078 S.W. 128 CT. MIAMI FL 33183 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE US US 3. Date incorporated or Qualifed 09/29/1994 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 26-7150858 Not Applicable P.O.B 26 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required Miam 27 \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 144 Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ABRIL, JOSE Street Address (P.O. Box Number is Not Acceptable) 82 6078 S.W. 128TH COURT MIAMI FL 33183 -83 84 85 Zip Code City 33/3 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE ABRIL, JOSE 12 NAME NAME

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition 6078 S.W. 128TH CT. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33183** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETË TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change □ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

14. I 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 of 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRE

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Apr 16, 1999 8:00 am Secretary of State

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