

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000084262 (2)
 1. Corporation Name
C.B. CARPET AND DRAPERY INC.

FILED
 1995 JUL 27 AM 10:18
 TALLAHASSEE, FLORIDA

Principal Place of Business 19553 NW 2ND AVE 2ND FLOOR MIAMI FL 33169	Mailing Address 19553 NW 2ND AVE 2ND FLOOR MIAMI FL 33169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1515 NW 167 St.	2a. Mailing Address 26 same
Suite, Apt. #, etc. 22 110-K	Suite, Apt. #, etc. 27 same
City & State 23 Miami, FL	City & State 28
Zip 24	Country 25 Dade
Zip 29	Country 30

3. Date Incorporated or Qualified 11/17/1994	3a. Date of Last Report
4. FEI Number 65-0538637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BOWES, CALLWOOD W
 19553 NW 2ND AVE
 2ND FLOOR
 MIAMI FL 33169**

10. Name and Address of New Registered Agent

B1 Name Bowes Callwood W.
B2 Street Address (P.O. Box Number is Not Acceptable) 1515 NW 167 St. #110-K
B3
B4 City Miami
FL B5 Zip Code 33169

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 his/her appointment agent. (Do not sign as registered agent unless authorized.) DATE

12. OFFICERS AND DIRECTORS

TITLE D	NAME BOWES, CALLWOOD W
STREET ADDRESS 3525 NW 204TH TER	
CITY, ST, ZIP MIAMI FL 33056	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME
1.3 STREET ADDRESS 1515 NW 167 St. #110-K
1.4 CITY, ST, ZIP Miami, FL 33169
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
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, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(a), 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 of this report, or as an attachment with an address.

SIGNATURE: 

305-454-1369