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FILED  
Mar 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000028459 (2)

1. Corporation Name

E.S.M. FLOORING, INC.

Principal Place of Business

Mailing Address

1500 S.W. 306TH STREET  
HOMESTEAD FL 33033

1500 S.W. 306TH STREET  
HOMESTEAD FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1995

4. FEI Number

65-0573358

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELENDEZ, ETIEL  
1500 S.W. 306TH STREET  
HOMESTEAD FL 33033

81. Name

MELENDEZ, ETIAN

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

15000 SW 306 ST

83

84. City

Homestead

FL

85

Zip Code

33033

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

*Etiel Mendez*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/10/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME MENDEZ, ETIEL  
STREET ADDRESS 1500 S.W. 306TH STREET  
CITY-ST-ZIP HOMESTEAD FL 33033

11 TITLE P ☒ Change ☐ Addition  
12 NAME P mendez etian  
13 STREET ADDRESS 15000 SW 306 ST  
14 CITY-ST-ZIP Homestead FL 33033

TITLE T ☒ DELETE  
NAME MENDEZ, SONIA  
STREET ADDRESS 1500 S.W. 306TH STREET  
CITY-ST-ZIP HOMESTEAD FL 33033

21 TITLE T ☒ Change ☐ Addition  
22 NAME T SILVA Jose  
23 STREET ADDRESS 15000 SW 306 ST  
24 CITY-ST-ZIP Homestead FL 33033

TITLE S ☐ DELETE  
NAME ARCIA, FRANCISCO  
STREET ADDRESS 30401 SW 156TH AVE  
CITY-ST-ZIP LEASURE CITY FL 33033

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 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

*Etiel Mendez*

3/10/98

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CP2E034 (10/97)