## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000034229 (1)

WHOLESALE ORIENTAL RUGS, INC.

Principal Place of Business		Mailing Address	Mailing Address			-	14174 <b>Bibib</b> 14 <b>0</b> 40 11010 1014 104
1444 BISCAYNE BLVD.		1444 BISCAYNE BLVD.	1444 BISCAYNE BLVD.				
SUITE 220		SUITE 220			DO NOT WRITE IN TH	IS SDACE	
MIAMI FL 33132		MIAMI FL 33132	MIAMI FL 33132			3. Date Incorporated or Qualified	13 31 ACE
]						05/02/1995	
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For
21		26				65-0577280	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired	\$8.75 Additional
City & Stat	Δ	City & State	City & State				Fee Regulred
23	·	<u></u> -	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	<u> </u>			8. This corporation owes or has paid the	Added to Fees
24	25	29	30			Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
ОП	.E, <b>De</b> nnis J		1	91	Name		
OLLE, MACAULAY & ZORRILLA, P.A.				92	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	S. BISCAYNE BLVD., SUITE		_				
MIA	MI FL 33131			33			
			8	84	City		. 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the a						F	' <b>L</b>
office or r	egistered agent, or both, in the Sta	buz and 607. I508, Horida Statu ite of Horida. Such change was	tes, the abo	ove by	<ul> <li>named corpo the corporatio</li> </ul>	pration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered   ppointment as registered
	m tamiliar with, and accept the ob	igations of, Section 607.0505, F	lorida Statu	les.			·
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable (NO	TE Registered	Agen	nt signature required	0 When re-installing) OATE	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE				Change Addition
NAME SHAKIB-PANAH, JACOB			1.2 NAME  1.3 STREET ADDRESS				
STREET ADDRESS 1444 BISCAYNE BLVD., SUIT		TE 220			ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132	T acces	1.4 CITY		- ZIP		
TITLE	D DELETE		2.1 11TLE				L_ Change L_ Addition
NAME CTOPET ADDRESS	OEDIGITIM, OIGHIAG		2.2 NAME				
STREET ADDRESS 1444 BISCAYNE BLVD., SUITE 220 CITY-ST-ZIP MIAMI FL 33132			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
TITLE	MIAMI FL 33132	DELETE		3.1 TITLE			Change Addition
NAME				3.2 NAME			C coming C regulate
STREET ADDRESS			1		ADDRESS		
CITY-ST-ZIP			3.4. CITY		i		
TITLE	DELETE 4		4.1 TiTL	4.1 TiTLE			☐ Change ☐ Addition
NAME			4. 2 NAN	4. 2 NAME			
STREET ADDRESS			4.3 STRE	ET A	ADDRESS		
CITY-ST-ZIP			4.4 CITY		- ŽIP		
TITLE			5.1 1(1).				☐ Change ☐ Addition
NAME			5.2 NAM				オS
STREET ADDRESS			5.3 STRE		1		4.28
CITY-ST-ZIP TITLE		DELETE	5.4 CITY		-ZIP	<b>2000025046</b> -04/29/9801016	
NAME		F J OFFER	6.1 TITLE			-04/29/9801016	OLG Change
PERCENT ADDRESS			6.2 NAM	r 		***150.00	

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 suppliemental annual report is true and accurate and that my signalure 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 13 if changed, or on an attachment with an address.