

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1995.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC 16 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO600000000546*
1. Corporation Name
Faith International Carpet
Trading Corp.

Principal Place of Business

Mailing Address

F
Loehmann's Fashion
Island
18759 Biscayne Blvd.
Aventura, FL 33180

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

Zip

24

Country

25

Country

29

30

REINSTATEMENT *9*

3. Date Incorporated or Qualified
August 28, 1995

3a. Date of Last Report
1995

4. FEI Number
65-0617094

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Election Campaign Financing
 \$5.00 May Be Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No

10. Name and Address of New Registered Agent

81 Name

ALAN H. RAUZIN
195 S.W. 15th Rd. - S. 502
Miami, FL 33129

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 publications of Section 607.0505, Florida Statutes.

SIGNATURE

Alan H. Rauzin

12/2/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|-----------------|---------------------|----------------------|---|
| TITLE | 1.1 TITLE | PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1.2 NAME | SECTY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1.3 STREET ADDRESS | DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | 1.4 CITY - ST - ZIP | 18757 BISCAYNE BLVD. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | 2.1 TITLE | AVENTURA, FL 33180 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2.3 STREET ADDRESS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | 2.4 CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 3.3 STREET ADDRESS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | 3.4 CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 4.3 STREET ADDRESS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | 4.4 CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 5.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 5.3 STREET ADDRESS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | 5.4 CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 6.3 STREET ADDRESS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | 6.4 CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kevin Faith* KEVIN FAITH 12/2/96 305/692-1910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)