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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022636 (0)

SPHINX CARPET MILLS, INC.

FILED Apr 10 1997 8:00am Secretary of State

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| | ace of Business 10 TEARACE DRIVE 1184 14201 SW 140≦[MIGMI, F1. 33186 | Mailing Address 13197 S.W. 10 JERRAN MIAMI FL 33184 2017 | 13187 S.W. TO JERRACE ORIVE | | | | | | |
|---|--|--|-----------------------------|------------------------|--|------------------|---------------|------------------------|--|
| MICHITY STORY | | | | | 3. Date Incorporated or Qualified 3a. Date of 03/13/1996 | | ate of Last f | of Last Report | |
| 2. Principal | Place of Business | 2a. Mailing Address | | · | 4. FEI Number | | A | pplied For | |
| 21 | | 26 | · | | 65-06493 | <u>4'/_</u> | | lot Applicable | |
| Suite, Ap 22 | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional lequired | |
| City & St. | ate | City & State | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees | |
| Z(p | Country | Zip | Coun | try | 8. This corporation has liability for | | | | |
| 24 | 25 | | | | Florida Statutes | | | | |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Re | gistered | Agent | | |
| | ARTINEZ, JOSE M | | | 1 Name | | | | | |
| 13187 S.W. 10 TERRACE DRIVE MIAMI FL 33184 | | | ē | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | | |
| MI | PAMI FL 33104 | | 1 | 3 | | | | | |
| | | | 6 | 14 City | | FL | 85 Zip | Code | |
| 44 D | nt to the provisions of Sections 607.050 r registered agent, or both, in the State l arn familiar with, and accept the oblig | 22 and 607 1609 Florida Ct | abutaa tha abu | l asmod sorn | pration submits this statement for the | <u> FL</u> | • I | ite registered | |
| SIGNATURE | Stgcature, typed or pricted name of registered ag OFFICERS AN | ID DIRECTORS | 13. | gent signature require | d when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE CERS ANI | | | |
| TITLE | PSD MARTINEZ, JOSE M | DELETE | 1.1 THTL | \ \ \ | | | Change | Addition | |
| NAME STREET ADDRESS | JAJAN AND JA TERRIAT RA | VF | 1.2 NAM | ET ADDRESS | | | | | |
| CHY-ST ZIP | MIAMI FL 33184 | | 1 | -ST-ZIP | | | | | |
| TITLE | TD | DELETE | 2.1 TrTL | | · · · · · · · · · · · · · · · · · · · | | Change | Addition | |
| NAME | MARTINEZ, LILIANA | | 2.2 NAN | ie | | | | | |
| STREET ADDRESS | 1 | VE | 23 STR | ET ADDRESS | | | | | |
| City-St-7if | MIAMI FL 33184 | | | r-st-zip | | | | | |
| THE | | ☐ DELETE | 3.1 TITL | ì | | | Change | Addition | |
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| CHTY - ST - 7/P | | | ı | -ST-ZiP | | | | | |
| 1171.6 | | ☐ DELETE | 5 1 TITL | | | | Change | Addition | |
| NAME | | | 5.2 NAA | ie [| | | | | |
| STREET ADDRESS | S | | 53 STR | EET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | -ST-ZIP | | | 7-1-2 | | |
| TITLE | | DELETE | 6.1 TITL | ļ | | | Change | Addition | |
| NAME | | | 6.2 NAA | F | | | | | |
| STREET ADDRESS | 5 | | | EET ADDRESS | | | | | |
| City-St-Zif | <u> </u> | | 6 4 CIT | -ST-ZIP | | | | · | |

I do 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 tam 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: