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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90182 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051390

1. Corporation Name

ADVANCE FLOORING BROKERS, INC.



Principal Place of Business

9695 NW 79 AVE
STE 34
HIALEAH FL 33016

Mailing Address

318 NW 107TH AVE
UNIT 5
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number

65-0673196

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **10361 SW 9 Lane**

2a. Mailing Address

26 **10361 SW 9 Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Pembroke Pines, FL**

City & State

28 **Pembroke Pines, FL**

Zip

Country

24 **33025** 25 **U.S.A.**

Zip

Country

29 **33025** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

BAQUEDANO, FELIX
318 NW 107TH AVE., UNIT 5
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name **BAQUEDANO, FELIX**

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

10361 SW 9 Lane

83

84 City **Pembroke Pines**

FL

85 Zip Code

33025

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **BAQUEDANO, FELIX LOUIS**
CITY-ST-ZIP **10361 SW 9TH LANE**
HOLLYWOOD FL 33025

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **BAQUEDANO, MARIA C**
CITY-ST-ZIP **318 NW 107 AVE UNIT 5**
MIAMI FL 33172

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/99

305-310-3393

Date

Daytime Phone #

CR2E034 (11/98)