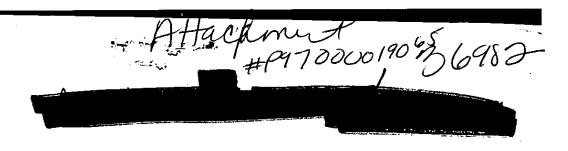


FILED Jun 27, 2002 8:00 am Secretary of State

TOO TO THE DOSINESS REPORT (CBR)					05-13-2002 90090 038 ***163.75		
DOCI 1. Entity N	UMENT # 79700	0001906	5		U3-13-2UU2 9UU9	0 038 ****103.73	
		IM, INC.		•			
<u> </u>			. •				
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	DO NOT WRITE		9000				
2. Principa	at Place of Business	A 44-32-44			. 36.	982	
6863 S.W. ZOHH STreet P. D. BOX		590604					
Suite, Apt. #, etc.		Suite, Apt. #. etc.			DO NOT WRITE IN THIS SPACE		
Sity & Sta	^ 1	City & State	11 1		4. FEI Number Applied For		
Zip	Country	tort dauderdale	Country	<u> </u>	65-0724740	Not Applicable	
3	3068 V.S.A.	733349	์ บั.ร.A.		6. Certificate of Status Desired	\$8.75 Additional Fee Required	
	4. ** <u> </u>		Name		Name and Address of Current Registered	d Agent	
	DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)		
[IN THIS SPACE						
				Gip Ompano Deach. FL Zip Code 33068			
8. The abov	ve named entity submits this statement for	the ourcose of changing its r	Ho.	mpane	o Beach, FL	Zip Code 33068	
}	•	the purpose of energing as	agistered office of a	registereu a	gent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent and	nd title if applicable. (NOTE:	Registered Agent signature	- can wad when	entra pack		
9. This corp	poration is eligible to satisfy its Intangible	January 1 - Mar	y 1 Fee is \$150.				
Tax filing r	requirement and elects to do so.	After May 1,	, Fee is \$550,00 UBR is \$61.25		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
11.	OFFICERS AND DI	Make Check Payable	to Department	of State	Trust Fund Contribution.	Added to Fees	
TITLE	MANAGER		TIFLE	·			
NAME Street address	TOAGE ARTURO MUR		NAME SYRVET ADDRESS				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	** 1			
TITLE NAME			TITLE	····			
STREET ADDRESS]	.: `	NAME STREET ADORESS				
CITY-ST-ZIP			CITY-ST-ZIP			}	
TITLE NAME			TITLE				
STREET ADDRESS			STREET ADORESS	*	DO NOT WOR		
TITLE -			CITY-ST-ZIP		DO NOT WRIT		
NAME		J	TITLE NAME •		IN THIS SPAC	E	
STREET ADDRESS CITY-ST-ZIP		J	STREET ADDRESS		•		
TITLE			CITŶ-ST-ZIP Title		· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS	I	ł	NAME		•		
STREET ADDRESS CITY-ST-ZIP	İ		STREET AODRESS CITY-ST-ZIP				
TITLE			TITLE	•			
NAME STREET ADDRESS		.[]	NAME				
CITY-ST-ZIP		1	STREET ADDRESS CITY-ST-ZIP		r		
13. I hereby ce indicated c	ertily that the information supplied with this	s filing does not qualify for the	exemption stated in	in Section 1	19.07(3)(i), Florida Statutes. I further certify	at as also information	
of the corporate	controls report or supplemental report is true contain or the receiver or trustee empower twith an address, with all other like empoyer.	and accurate and that my signed to execute this report as	gnature shall have required by Chapt	the same le ter 607, Flori	19.07(3)(i), Florida Statutes. I further certify gal effect as if made under oath; that I am add Statutes; and that my name appears in	an officer or director	
	THE PERSON NAMED OF THE PERSON NAMED IN PARTIES.	veran.			The state of the s	DIUCK II OF OR ALL	

04/24/2002



April 24,2002

TO:

DIVISION OF CORPORATIOS.

FROM: CARPET JAMM, INC.

REF : REQUESTIDG FORMAUBR.

PLEASE I WOULD LIKE TO KNOW THE REASON, WHY I'M NOT RECEIVING THE FORM EVERY YEAR. THE LAST AND THE FIRST TIME THAT WE RECEIVED IT, WAS IN JANUARY 2000 IN THE SAME ADDRESS.

IF, THERE IS SOMETHING WRONG, PLEASE COULD YOU LET ME KNOW?.

THANK YOU VERY MUCH, I REALLY APPRECIATE IT.

SINGAPETAMA TIC. FO. BOX D. GODGO FT. IAUDERDALE, FC. 33339 CARPET JAMA, TNC