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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 08 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000029810 (3)

VERTI-CARPET INTERIORS, INC.

Principal Place of Business	Mailing Address			##(# ###U) U U U U E
5370 PALM AVE	5370 PALM AVE			
#9 Hialeah Fl 33012	#9 HIALEAH FL 33012		DO NOT WRITE IN THIS	SPACE
THIS CALL TO SOUTE	THACEAN TE SOLE		3. Date Incorporated or Qualified	
			04/02/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		65-0740656	
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	7ip	Country	Trust Fund Contribution	Added to Fees
24 25 Cooliny	├ ─ `	30	 This corporation owes or has paid the cu Personal Property Tax due June 30. 	urrent year Intangible No
	s of Current Registered Agent	301	10, Name and Address of New Registered	
GONZALEZ, ANTONIO S		81 Name		
5370 PALM AVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
#9		B3		
HIALEAH FL 33012		83		
		84 City	FI	85 Zip Code
11. Pursuant to the provisions of Section	ris 607.0502 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of	of changing its registered
office or registered agent, or both, i agent. I am familiar with, and accept	in the State of Florida. Such change was au of the obligations of, Section 607.0505, Flor	ithorized by the corporal ida Statutes.	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	-			
	· · · · · · · · · · · · · · · · · ·	Registered Agent signature requi		
TITLE PD	ICERS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
NAME GONZALEZ, ANTON		1.2 NAME		
STREET ADDRESS 5370 PALM AVE, #		1.3 STREET ADDRESS		
CITY-ST-ZIP HIALEAH FL 33012		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP		2.3 STREET ADDRESS	t. ·	
TITLE	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TIBLE		Change Addition
NAME		3.2 NAME		- · -
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY-ST-ZIP		
TITLE	L DELETE	4.1 THLE		Change Addition
NAME Street address		4. 2 NAME		
CITY-ST-ZIP		4.3 STREET ADDRESS 4.4 City-St-Zip		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
City-S1-ZIP	TT	5.4 City-St-ZiP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME CTREET ADDRESS		6.2 NAME		
STREET ADDRESS CITY-ST-ZIP		6.3 STREET ADDRESS		

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 charged, or on an increase an address.