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

FILED
Jun 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **P97000045516 (6)**

1. Corporation Name
CENTURY ARTISTIC FLOORS, INC.

Principal Place of Business	Mailing Address
7450 SW 42ND ST. MIAMI FL 33155	7450 SW 42ND ST. MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1997

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number ☑ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CASTELLANOS, OSVALDO
2985 SW 109TH CT.
MIAMI FL 33165-2371

10. Name and Address of New Registered Agent

81 Name
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLANOS, OSVALDO		1.2 NAME	
STREET ADDRESS	2985 SW 109TH CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165-2371		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLANOS, MARTA		2.2 NAME	
STREET ADDRESS	7450 SW 42ND ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	JS 6-26
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	200[illegible]
STREET ADDRESS			6.3 STREET ADDRESS	-06/29/98-0102-030
CITY-ST-ZIP			6.4 CITY-ST-ZIP	**158.75

CR2E034 (10/97)

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, or on an attachment with an address.

SIGNATURE: Marta Castellanos Vice Pres. 4/9/98 553-8140

Form **SS-4**

(Rev. December 1995)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
Century Artistic Floors

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
7450 SW 42 St

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Miami, FL 33155

5b City, state, and ZIP code

6 County and state where principal business is located
Miami-Dade

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶
Osvaldo Castellanos

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National Guard
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator-SSN
- ☑ Other corporation (specify) ▶ Profit Sharing
- ☐ Trust
- ☐ Federal Government/military
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

9 Reason for applying (Check only one box.)

- ☑ Started new business (specify) ▶ Wood flooring
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
5/22/97

11 Closing month of accounting year (See instructions.)
12

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)*
None

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)*
Nonagricultural: 1 — Agricultural: — — Household: —

14 Principal activity (See instructions.) ▶ Wood flooring

15 Is the principal business activity manufacturing? ☐ Yes ☐ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☑ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☐ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Osvaldo Castellanos — Trade name ▶ Century Artistic Floors

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year): 1983 — City and state where filed: Miami, FL — Previous EIN:

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): 305-553-5510

Fax telephone number (include area code):

Name and title (Please type or print clearly.) ▶ Osvaldo Castellanos President

Signature ▶ Osvaldo Castellanos — Date ▶ 5/22/97

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying