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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088949

1. Corporation Name

A & B FLOORING & SUPPLIES, INC.

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90090 005 ***150.00



Principal Place of Business Walling Accress				,				
7440 S.W. 68TH STREET Miami FL 33143	7440 S.W. 68TH STREET MIAMI FL 33143			DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 10/15/1997					
2. Principal Place of Business	2a. Mailing Address			APPLIED FOR 65-08310(1 Not Applicable				
<u></u>				APPLIED FOR 03 0831011 Not Applicable				
Suite, Apt. #, etc:	Suite, Apt. #, etc.			5. Certificate of Status Desired Series Series Series Status Desired Fee Required				
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country 4 25	Zip , Country 29 30			8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Cu	rrent Registered Agent	<u> </u>		10. Name and Address of New Registered Agent				
		81	Name					
BLANCO, ANA M 7440 S.W. 68TH STREET			82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33143		83						
			4 City FL 85 Zip Code					

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: Reg	istered Agent signature re		DATÉ		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGE	S TO OFFICERS AND		
TITLE	PSTO .	DELETE	1.1 TITLE		i	Change	☐ Addition
NAME	BLANCO, ANA M		1.2 NAME				l
STREET ADDRESS	7440 S.W. 68TH STREET		1.3 STREET ADDRESS				,
CITY-ST-2IP	MIAMI FL 33143		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE		·	☐ Change	☐ Addition
NAME			2.2 NAME				- 1
STREET ADDRESS			2.3 STREET ADDRESS		وراسين ليداري	=, .	₹ .
CITY-ST-ZIP	<u> </u>		2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE		- 1	Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	<u></u>		3.4. CITY-ST-ZIP				
TITLE	•	DELETE	4.1 TITLE		i	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				(
STREET ADDRESS	: -		5.3 STREET ADDRESS				İ
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		+	Change	☐ Addition
NAME	PERMIT		6.2 NAME			•	ţ
STREET ADDRESS	STORM STORES		6.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		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, or on an attachment with an address, with all other like empowered.