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

PROFIL CORPORATION ANNUAL REPORT

1**9**98

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FUORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000090308 (2)

COMMERCIAL FLOORCOVERING SPECIALIST, INC.

Principal Place of Business Mailing Address 1610 NEWPORT LANE 1610 NEWPORT LANE FORT LAUDERDALE FL 33326 FORT LAUDERDALE FL 33326 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation owes or has paid the current year Intangible 25 Yes 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Bi Name LEYTE-VIDAL, HENRY ESQ 2223 CORAL WAY Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33145** 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obliquations of Section 607.0505, Florida Statutes. SIGNATURE (NOT) Registered Agent signature required when reinstating) Signature, typical or product more of registers Lagrant and to intropplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE **DEMERITT, FRED** NAME 1.2 NAME **1610 NEWPORT LANE** STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33326 1.4 CDY - S1 - ZIP CITY - ST- 7IP DELETE Addition 2.1 TITLE Change TITLE Santabarbara, Jose 2.2 NAME NAME **1610 NEWPORT LANE** STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL 33326 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 THE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

 I hereby certify that the information supplied with this figure does indicated on this arguel report or supplemental arrest report is os ret qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an appears in Supowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporal Block 12 or Block 13 if changed

5.4 CITY-ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

Change

Addition

FILED

May 20 1998 8:00am

Secretary of State