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

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 98 OCT 30 PH 1: 16 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 SECATIONS UE STATE DOCUMENT # P97000091883 (3) TALLAMASSEE, FLORIDA INDO ASIAN RUG CO. Principal Place of Business Mailing Address 18494 SOUTH DIXIE HIGHWAY 18494 SOUTH DIXIE HIGHWAY MIAMI FL 33157 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For FE1 Numbe 65-0686240 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEVEY, JEFFREY E 2665 SOUTH BAYSHORE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1004** 30000257973: -11/04/98--01013 83 COCONUT GROVE FL 33133 <u>--017</u> 84 Çity \*\*\*\*550.06 #####350°00 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE Ð GULAMALI, ISMAIL NAME 1,2 NAME R2E034 18494 SOUTH DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE Change TITLE NAME SHEIKH, MANSOOR 2.2 NAME STREET ADDRESS 18494 SOUTH DIXIE HIGHWAY 2.3 STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP 2. 4 CHY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE GREENBERG, LEN 3.2 NAME NAME 18494 SOUTH DIXIE HIGHWAY 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE 61 TITLE Change \_\_\_ Addition NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP 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 charged or on an attachment with an address.

IGNATURE REQUIRED

SIGNATURE:

FIED