

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000000813**
Corporation Name

AMERICAN TILE & CARPET, INC.

Principal Place of Business
**15 SOUTHWEST 21ST AVENUE
FT LAUDERDALE FL 33312**

Mailing Address
**1415 SOUTHWEST 21ST AVENUE
FT LAUDERDALE FL 33312**

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90011 039 ***558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/06/1998	
4. FEI Number 65-0807774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	
10. Name and Address of New Registered Agent 81 Name CAROLINE CORREDO 82 Street Address (P.O. Box Number is Not Acceptable) 20911 JOHNSON ST SUITE 209 83 84 City PEMBROKE PINES FL 85 Zip Code 33029	

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 **Caroline Corredo** **CAROLINE CORREDO SECRETARY** **9-1-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME PD GONZALEZ, EDUARDO M	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT / VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 1415 SOUTHWEST 21ST AVENUE		1.2 NAME	
3. CITY-ST-ZIP FT LAUDERDALE FL 33312		1.3 STREET ADDRESS 20911 JOHNSON ST SUITE 209	
4. NAME ST GONZALEZ, EDUARDO M	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP PEMBROKE PINES FL 33029	
5. STREET ADDRESS 1415 SOUTHWEST 21ST AVENUE		2.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. CITY-ST-ZIP FT LAUDERDALE FL 33312		2.2 NAME CAROLINE CORREDO	
7. NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 20911 JOHNSON ST SUITE 209	
8. STREET ADDRESS		2.4 CITY-ST-ZIP PEMBROKE PINES FL 33029	
9. CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-ST-ZIP		4.3 STREET ADDRESS	
16. NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
17. STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-ST-ZIP		5.2 NAME	
19. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY-ST-ZIP	
21. CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **EDUARDO M GONZALEZ** **954-647-0522**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

0064230

CR2E034 (5/99)