PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000029295

1. Corporation Name

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90019 016 ***150.00

ANIANN	E FLOORS, INC.									1		
Principal Ela	ce of Business	Mailing Address				\dashv		# 01 0 111 00 111 1	dial be ar de li			101 DIÐ 1031
12683 N.W. 9T	H WAY	12683 N.W. 9TH WAY										
MIAMI FL 3.118	12	MIAMI FL 33182					г	OO NOT WR	RITE IN THI	IS SPACE	:	
						3.	Date Incorporate 03/27/1998			0.7.102		
2 Principa I F	Place of Business	2a, Mailing Address				4	FEI Number				App	ied For
21		F	26			65-0824775				<u> </u>	 -	Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.				-				\$8.	 -	Iditional
22		27				5.	Certificate of State	us Desired			e Re a	
City & Sitate		City & State				6. Electic n Campaign Financing \$5.00 May Be						lav Be
23		28				-	Trust Fund Contr	ibution	'		ded to	- 1
Zip	Country	Zip C				8. This corporation owes the current year			rrent year I	ir Intangible		
24	25	29	30				Personal Propert	у Тах.		⊡ Yes		□No
	9. Name and Address of Curi	ren: Registered Agent				10.	Name and Addr	ess of New	Registere	d Agent		
0117	ZACCUL IODOE E			81	Name							
	ZACCHI, JORGE E			82	Street Addre	ess (F	P.O. Box Number i	s Not Accep	table)			
	B3 N.W. 9TH WAY											
MIA	MI FL 33182			83								
				84	City					. 85	Zip C	ode
					-				F	ᄔᆝᆝ	·	
office or	to the provisions of Sections 607.0 registered agent, or both, in the Staam familiar with, and accept the obli	ite of Florida. Such change wa	s authorized	d by t	the corporatio	oration n's bo	n submits this state pard of directors. I	ement for the hereby acce	e purpose of ept the app	of changin ointment a	g its regi	egistered stered
SIGNATURE												
	Signature, typed or printed name of registered a	agen and title if applicable (N	O1 E: Registered	Agent	t signature req iired	t when r	reinstating)		DATE			
12.		AND DIRECTORS	13.				<u>ADDITEDNS/CHAN</u>	IGES TO O	FFICERS 4			
TITLE	D	☐ DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS						☐ Cha	nge	☐ Addition
NAME	BUZZACCHI, JORGE E		1									
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CITY-ST-ZIP	MIAMI FL 33182			TY-ST	-ZIP							
TITLE					I							
NAME		☐ DELETE	2.1 TIT							☐ Cha	nge .	☐ Addition
STREET ADDRESS	: SS		2.2 NA	AME						☐ Cha	nge	☐ Addition
CITY-ST-ZIP		_ Decere	2.2 NA 2.3 ST	AME FREET	ADDRESS				-	☐ Cha	nge .	Addition
TITLE			2.2 NA 2.3 ST 2.4 CI	AME TREET:								
NAME		☐ DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TII	AME TREET. HTY-ST TLE						☐ Cha		Addition
			2.2 NA 2.3 ST 2.4 CI 3.1 TR 3.2 NA	AME TREET TTY-ST TLE AME	T-ZIP							
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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 of 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 of an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #