


AMOUNT DUE ON OR BEFORE 03/13/99: \$300 (IF DISCOUNTED, MINIMUM AMOUNT DUE TO REINSTATE: \$150).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90004 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000069315					
1. Corporation Name FLORIDA CARPET AND VERTICAL BLINDS, INC.					
Principal Place of Business 2720 VILLAGE GREEN DRIVE MIAMI FL 33176			Mailing Address 2720 VILLAGE GREEN DRIVE MIAMI FL 33176		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 08/10/1998					
2. Principal Place of Business 21 2720 Village Green Dr Suite, Apt. #, etc. 22 Miami fl City & State 23 33175 Zip 24 33175				2a. Mailing Address 26 2720 Village Green Dr Suite, Apt. #, etc. 27 Miami fl City & State 28 33175 Zip 29 33175	
4. FEI Number 65-0936972				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input 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 ALVAREZ, ANTHONY ESQ. 2742 SW 8 STREET SUITE 5 MIAMI FL 33135			10. Name and Address of New Registered Agent 81 Name ALVAREZ, ANTHONY ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 2742 SW 8 Street 83 Suite 5 84 City Miami FL 85 Zip Code 33135		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PO	<input type="checkbox"/> DELETE			
NAME	PUJOL, INGRID				
STREET ADDRESS	2720 VILLAGE GREEN DRIVE				
CITY-ST-ZIP	MIAMI FL 33176				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FERNANDEZ, JUAN ANTONIO JR.				
STREET ADDRESS	2720 VILLAGE GREEN DRIVE				
CITY-ST-ZIP	MIAMI FL 33176				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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.					
SIGNATURE: <u>INGRID PUJOL</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (5/99)