AMOUNT DUE DN OK BEFORE (9/10/99) 3000 (IF DISSULVED, MIRIMON AMOUNT DUE TO REPROFATE. \$100)-

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000069315

FILED Aug 02, 1999 8:00 am Secretary of State 08-02-1999 90004 002 ***150.00

FLORIDA	CARPET AND VERTICAL BL	LINDS, INC.						
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Principal Place	of Rusinges	Mailing Addres				LLOU ŚŃEKU DOWNY BANKU DYNĘU OŁYNO	ONIO IONOO HA	IT HANDAL ARKE 4000
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MIAMI FL 33176	· ··· ·	MIAMI FL 33176			_	O NOT WRITE IN THIS	SDACE	
					3. Date incorporated		JI ACL	
					08/10/1998	_		
2. Principal Pl	ace of Business	2a. Meiling Add	dress		4. FEI Number			pplied For
	Dullage breen de	26 2720	ninock	Coreer	65-09	36972		ot Applicable Additional
Suite, Apt. f	#, etc.)	Sulte, Apt.	#, etc.		5. Certificate of Stat	tus Desired 🔲	•	equired
22 Civ & State	m + 1	City & State	e ·		6. Election Campaig	n Financing	\$5.00	May Be
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	9. Name and Address of Current	Kedisteled Water		81 Name	1. 101000=			~
ALVA	rez, anthony eso.			4	HIMOUSE	<u> </u>	70 177	J ES
	SW 8 STREET			82 Street A	ddress (P.O. Box Number)	Z NOI Acceptable)	3+0	de l
SUITT	- •			83	T. 0		٠, ٠	- · .
MAN	AI FL 33135			84 City	L Li Slaa		85 Zip	Code,
•				1 1	<u>Ulami</u>	FL	. 113	313
					moration authority this states	nent for the cumore of ci	nanging its r	egistered
11. Pursuant	to the provisions of sections 607.0502	and 607,1508, Flor of Florida, Such cha	rida Statutes, the	above-named col tzed by the corpo	ration's board of directors. I	hereby accept the appoi	ntment as n	gistered
11. Pursuant office or ragent. I a	to the provisions of sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation	and 607,1508, Flor of Florida, Such cha ions of, saction 60	rida Statutes, the ange was author 7.0505, Florida S	above-named control statutes.	ration's board of directors. I	hereby accept the appoi	ntment as n	egistered
SIGNATURE			_			hereby accept the appoi	ntment as n	egistered
SIGNATURE	to the provisions of sections 607.0502 is registered agent, or both, in the State of sm familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND	and dde if applicable.	(NOTE: Re		required when reinstating)			
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SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. DIRECTORS	(NOTE: Re	getered Agent signature 13.	required when reinstating)	DATE	ID DIRECT	ORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent a OFFICERS AND PO PUJOL, INGRID 2720 VILLAGE GREEN DRIVE	and title if applicable. DIRECTORS	(NOTE: Re	getered Agent signature 13. .1 TITLE	required when reinstating)	DATE	ID DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND PO PUNOL, INGRID 2720 VILLAGE GREEN DRIVE MIAMI FL 33176	and dide if applicable. DIRECTORS	(NOTE: Re 1	gestared Agent signature 13. .1 TITLE .2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP	required when reinstating)	DATE	D DIRECT	ORS IN 12
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