

FILE NOW: FILING FEE AFTER MAY 1ST IS \$51.00

FILED

Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morin</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S62079** (6)  
1. Corporation Name  
**ORIENTAL RUGS BY JALIL, INCORPORATED**

Principal Place of Business <b>1855 GRIFFIN ROAD SUITE A-360 DAVIE FL 33004 US</b>	Mailing Address <b>1855 GRIFFIN ROAD SUITE A-360 DAVIE FL 33004 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/20/1991</b>	4. FEI Number <b>65-0279371</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <b>1855 GRIFFIN ROAD</b> Suite, Apt. #, etc. 22 <b>SUITE A-360</b> City & State 23 <b>DANIA, FL</b> Zip 24 <b>33004</b>	2a. Mailing Address 26 <b>1855 GRIFFIN ROAD</b> Suite, Apt. #, etc. 27 <b>SUITE A-360</b> City & State 28 <b>DANIA, FL</b> Zip 29 <b>33004</b>	Country 25 <b>USA</b>	City 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**JALIL PAKRAY  
1855 GRIFFIN RD  
SUITE A360  
DANIA FL 33004**

10. Name and Address of New Registered Agent

31 Name	32 Street Address (P.O. Box Number is Not Acceptable)	33	34 City	35 State	36 Zip Code
				<b>FL</b>	

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

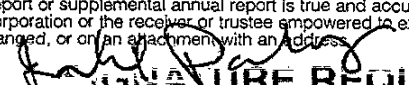
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAKRAY, JALIL</b>	1.2 NAME	<b>PAKRAY, JALIL</b>
STREET ADDRESS	<b>1855 GRIFFIN ROAD</b>	1.3 STREET ADDRESS	<b>1855 GRIFFIN ROAD - SUITE A-360</b>
CITY-ST-ZIP	<b>DAVIE FL</b>	1.4 CITY-ST-ZIP	<b>DANIA, FL 33004</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAKRAY, JALIL</b>	2.2 NAME	<b>PAKRAY, JALIL</b>
STREET ADDRESS	<b>1855 GRIFFIN ROAD</b>	2.3 STREET ADDRESS	<b>1855 GRIFFIN ROAD</b>
CITY-ST-ZIP	<b>DAVIE FL</b>	2.4 CITY-ST-ZIP	<b>DANIA, FL 33004</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  SIGNATURE REQUIRED

JAN 19/98

954-923-7780

CR2E034 (10/97)