

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

05-07-1999 90078 037 ***150.00

DOCUMENT # **V22247** 1. Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

EMERALD FLOORING COMPANY, INC.

Principal Place of Business Mailing Address							INDIA BIBNI 1881
10026 SPANISH ISLE BLVD 10026 SPANISH ISLE BLVD STE B-16 & 17 STE B-16 & 17 BOCA RATON FL 33498 BOCA RATON FL 33498 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					03/17/1992		
2. Principal Place of Business 2a. Mailing Address 21 1571 W. CORONS Rd. 26 1571 W. CC				s Rd.	4, FEI Number 65-0316764	No	plied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 SUITE 103 27 SUITE 10				<u> </u>	5. Certificate of Status Desired	\$8.75-	Additional
City & State 23 Pompano Beach, FL 28 Pompano £				ach, F	6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
zip 24 33C	064 25 USA	29 33064 3	Countr 0	SA_	This corporation owes the current year In Personal Property Tax.	Yes	ID/No.
9. Name and Address of Current Registered Agent 81 Name					10. Name and Address of New Registered	Agent	
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD., SUITE 1500			8:		ess (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131			83	3			
			84	1 City	FL	85 Zip	Code
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					when reinstating) DATE		
			13.	ani signatura required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE			1.1 TITLE		7,000 700 700 700 700 700 700 700 700 70	☐ Change	Addition
NAME	·		1.2 NAME				
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE			2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	·			ET ADDRESS	_		
CITY-ST-ZIP				ST-ZIP			
TITLE			3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	· ·		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	-		4. 2 NAME				
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			44 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition

6.4 CITY-ST-ZIP 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Addition