

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mintham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V27058** (9)

1. Corporation Name

CITY CARPET RUGS & SUPPLIES, INC.



Principal Place of Business

**12830 NW 42ND AVE
OPALOCKA FL 33054
US**

Mailing Address

**13127 N.W. 42ND AVENUE
OPA LOCKA FL 33054**

3. Date Incorporated or Qualified
04/08/1992

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. **12830 N.W. 42ND AVE**
State, Apt. #, etc.

22. City & State

27. **Opn Rocks, FL**
City & State

23. Zip

28. **33054**
Zip

24. Country

29. **US**
Country

4. FEI Number
65-0370916

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

g. Name and Address of Current Registered Agent

**ROMO, ELOY
841 EAST 18TH ST.
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0600 and 607.1000, 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 I accept the obligations of, Section 607.0600, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

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NAME **D ROMO, ELOY**
Street Address **841 EAST 18TH ST.**
City, State, Zip **HIALEAH FL**
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE:
DATE: _____

CR2E034 (12/95)