FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

May 08 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)V41162 FRANKEL CARPET & INSTALLATION, INC Principal Place of Business Maiting Address 5930 NE 2ND AVE. 5930 NE 2ND AVE. MIAMI FL 33137-2026 MIAMI FL 33137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/04/1992 Micipal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0336626 Not Applicable Suite, Apt. #, etd Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HERARD, FRANKEL 5930 NE 2ND AVE. 62 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 63137** 83 84 City 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 egent, 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 reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PCEO DELETE Addition TITLE 1.1 TITLE Change HERARD, FRANKEL NAME 1.2 NAME 5930 NE 2 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE SANTANA, CARMEN F NAME 2.2 NAME 7316 NE 5 AVE STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAMI 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 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 trugand 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 recover or trusted 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.

**FILED**