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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

Corporation Name

(7)

AMERICAN GENERAL INTERIORS INC

| AMERICAN GENERAL IIVIL                            |                                 |  |  |  |  |
|---|---------------------------------|--|--|--|--|
| Principal Place of Business                       | Mailing Address                 | 4 MBill Dibli Alest iten (Arry 1888)         | ) (ii)i 6(8)) 6(6() 6(6() 8(9)) 9/9)( 6/9)( 6/9) |  |  |
| 7740 SW 104 STREET<br>SUITE 200<br>MIAMI FL 33156 | 7740 SW 104 STREET<br>SUITE 200 |  |  |  |  |
|   | MIAM! FL 33156                  | 3. Date Incorporated or Qualified 12/17/1973 | 3a. Date of Last Report 05/01/1995               |  |  |
| 2. Principal Place of Business                    | 2a. Mailing Address             | 4. FEI Number                                | Applied For                                      |  |  |
| 21  | 26                              | 59-1496503                                   | Not Applicat                                     |  |  |
| 21  |                                 |  | CR 75 Additional                                 |  |  |

|                |                              |                     | 26               |                  |        | 59                       | F1490503                                 |                 | Not Applicable                    |
|----------------|------------------------------|---------------------|------------------|------------------|--------|--------------------------|--|-----------------|-----------------------------------|
| :.)<br>::)]    | Suite, Apt. #, etc.          |                     |                  | te, Apt. #, etc. |        |                          | ate of Status Desired                    |                 | \$8.75 Additional<br>Fee Required |
| 22             | City & State                 |                     |                  | y & State        |        |                          | n Campaign Financing<br>und Contribution |                 | \$5.00 May Be<br>Added to Fees    |
| 24             | Zıp                          | Country 25          | Zip<br>29        | 30               | ount y | Florida                  |  | . <b>[</b> ] No |                                   |
|                | 9. Name                      | e and Address of Cu | rrent Registered | d Agent          | Τ-     | 10. Name                 | and Address of New I                     | Registered A    | gent                              |
|                |                              |                     |                  |                  | 81     | Name                     |  |                 |                                   |
|                | DORSY, CLAUDE                |                     |                  |                  | 82     | Street Address (P.O. Box | Number is Not Acceptat                   | ole)            |                                   |
|                | 7740 SW 104TH S<br>SUITE 200 | SIREEI              |                  |                  | 83     |                          |  |                 |                                   |
| MIAMI FL 33156 |                              |                     |                  |                  | 84     | 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 co-poration's board of directors. Thereby 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 hands of registeren agent as listed a   | giralia. (NOO) | Engisterio A ent sejicatura respinoro | when recished ag CATE                             |
|-----------------|---|----------------|---------------------------------------|---|
| 12.             | OFFICERS AND DIREC  | TORS           | 13.                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE           | PT  | DELETE         | 1 1 1171.6                            | Change Addition                                   |
| NAMÉ            | DORSY, MAUREEN T  |                | 1.2 NAN E                             |   |
| STREET ADDRESS  | 7740 SW 104TH ST S200   |                | 13 STR ELADORESS                      |   |
| CITY - S1 - ZIP | MIAMI FL  |                | 1.4 CIT1 -ST-ZIP                      |   |
| TITLE           | VS  | DELETE         | 2 1 TiT E                             | ☐ Change ☐ Addition                               |
| NAME            | HERZECA, JUDY A.  |                | 2.2 NAME                              |   |
| STREET ADDRESS  | 7740 SW 104TH ST S200   |                | 2.3 STRIET ADDRESS                    |   |
| CITY-ST-ZIP     | MIAMI FL  |                | 2.4.C(T := ST - Z(P)                  |   |
| THLE            | VP  | DELETE         | 3 1 111 5                             | Change Addition                                   |
| NAMÉ            | WOLFF, PHYLLIS J.   |                | 3.2 NA**E                             |   |
| STREET ADDRESS  | 7740 S.W. 104TH ST. #200  |                | 3.3 STHEFT ADDRESS                    |   |
| CITY - ST - ZIP | MIAMI FL  |                | 3.4 CH1 : - ST - ZIP                  |   |
| TITLE           | PIN THE THE PARTY OF THE PARTY | DELETE         | 4 1 TIJ .E                            | Change Addit on                                   |
| NAME            |   |                | 4.2 NAIAE                             |   |
| STREET ADDRESS  |   |                | 4.3 STEEL ADDRESS                     |   |
| CHY-ST-ZIP      |   |                | 4.4 CiT (- ST, ZiP                    |   |
| TITLE           |   | DFLE1E         | 5 1 TI1.E                             | Change Addition                                   |
| NAME            |   |                | 5.2 NA JE                             |   |
| STREET ADDRESS  |   |                | 5 3 STHEET ADDRESS                    |   |
| CITY-SI-ZIP     |   |                | 5.4 CITY - ST - 7IP                   |   |
| TITLE           |   | DELETE         | 6 1 Tr LE                             | Change Addit                                      |
| NAME            |   |                | 6.2 NAME                              |   |
| STREET ADDRESS  |   |                | 63ST-EHT ADDRESS                      |   |
| 3.1.2           | 1   |                | 0.4.001.4.07.700                      |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and coes not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and coestry that the information indicated on this annual report or supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made uncertify 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 nail appears in Block 12 or Block 13 if changed, or on an attachment with an address

Phyllis, J. Wolff, Director 4/22/96 (305) 666-5588 SIGNATURE AND APED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For Not Applicable