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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:06

DOCUMENT # **G39032** (9)

1. Corporation Name

**ABAD AND SONS DECORATION SUPPLIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % ORLANDO F. DIAZ<br>6390 S.W. 18TH TERRACE<br>MIAMI FL 33155 | % ORLANDO F. DIAZ<br>6390 S.W. 18TH TERRACE<br>MIAMI FL 33155 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1983
3a. Date of Last Report: 04/21/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 9717 S W 146 CT | 26 9717 S W 146 T |
| Suite, Apt. #, etc. 22 MIAMI FL | Suite, Apt. #, etc. 27 MIAMI FL |
| City & State 23 33186 | City & State 28 33186 |
| Zip 24 | Country 25 DADE |
| Zip 29 | Country 30 DADE |

4. FEI Number: 59-2290560 — 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

9. Name and Address of Current Registered Agent

DIAZ, ORLANDO F.
6390 S.W. 18TH TERRACE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: IVONNE DE ARMAS
82 Street Address (P.O. Box Number is Not Acceptable): 7801 CORAL WAY SUITE 113
83
84 City: MIAMI FL 85 Zip Code: 33155

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] 2-13-95
Signature, type/print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PVS | 11 TITLE | DIP IVONNE DE ARMAS ☐ Change ☐ Addition |
| NAME | DIAZ, ORLANDO F. | 12 NAME | 7801 CORAL WAY S-ITE 113 |
| STREET ADDRESS | 6390 S.W. 18TH TERR. | 13 STREET ADDRESS | MIAMI FL 33155 |
| CITY-ST-ZIP | MIAMI FL | 14 CITY-ST-ZIP | |
| TITLE | TD | 21 TITLE | DIT/S IVONNE DE ARMAS ☐ Change ☐ Addition |
| NAME | DIAZ, ORLANDO F. | 22 NAME | 7801 CORAL WAY STE 113 |
| STREET ADDRESS | 6390 S.W. 18TH TERR. | 23 STREET ADDRESS | MIAMI FL 33155 |
| CITY-ST-ZIP | MIAMI FL | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do 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)(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] 2/13/95 261-5864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100350 CP