

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

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1997 NOV 12 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **939032**
1. Corporation Name
Abad + Sons Decoration Supplies, Inc.

Principal Place of Business Mailing Address
**6390 S.W. 18TH Terrace
Miami, FL 33155**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
4.	FBI Number 59-2290560	Applied For	Not Applicable
5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**Diaz, Nieves
6390 S.W. 18TH Terrace
Miami, FL 33155**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Diaz, Nieves	
STREET ADDRESS	6390 S.W. 18 TH Terrace	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	Diaz, Jorge L.	
STREET ADDRESS	6390 S.W. 18 TH Terrace	
CITY-ST-ZIP	Miami, FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	100002346731--8
1.3	STREET ADDRESS	-11/13/97--01085--015
1.4	CITY-ST-ZIP	***165.00 ***165.00
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Nieves Diaz** 11-7-97 (305) 266-4006
Date Daytime Phone #

CR2E034 (9/96)

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ROMAN A. ALFONSO, ACCOUNTANT

PALMETTO OFFICE PARK
7801 Coral Way • Suite 113 • Miami, Florida 33155 • (305) 261-5864

G39032

October 27, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporation name: ABAD & SONS DECORATION SUPPLIES, INC.
FEI Number: 59-2290560

Dear Sirs;

I am the accountant for the above named corporation and on behalf of my client, Mrs. Nieves Diaz, Social Security # 264-08-5693, I would like to notify you that she has not received any notification of payment for the Annual Report for 1997.

We contacted your office any spoke with Leslie, one of your agents, who authorized Mrs. Nieves Diaz to pay the regular fee of \$165.00 (One Hundred Sixty Five) for the year of 1997, instead of the fee required for the Administrative Dissolution or Revocation.

Enclosed please find said check (check# 2864) in the amount stated above.

We appreciate your assistance in this matter.

Very truly yours,

ROMAN A. ALFONSO, ACCOUNTANT