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

PROFIT CORPORATION ANNUAL REPORT



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

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1. Corporation Name

K16354

(8)

INTERIOR	MOTIES	INC

Principa' Place of Business	Mai
11021 SW 99RD COURT MIAMI FL 33176	1



Principa' Place of Business		Mailing Address			- LIBELANN BOS INDIA TINDA TINDA INTER DISIN BIDII DIDIN BIDIN BIRSH DITIN DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN		
11021 SW 93RD COURT MIAMI FL 33176 US		11021 SW 93RD COURT MIAMI FL 33176	r				
		U\$ 		3. Date Incorporated or Qualified 02/29/1988	3a. Date of Last Report 04/25/1995		
2. Principal Pla		28. Mailing Address S	w62ct	4. FEI Number 65-0042528	Applied For Not Applicable		
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State	niami	City & State .	ri'	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
2 p A	a 25 Dade	^{Zip} 33156	Country: A	8. This corporation has liability for Florida Statutes	····		
	9. Name and Address of Cui	rent Registered Agent		10. Name and Address of New	Registered Agent		
SAMEK, 11021 S MIAMI F	SW 93RD COURT		81 Nam82 Stree8384 City	Samer, Perr			
1. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	, the above-named	corporation submits this statement for the pu	rpose of changing its registered office		
or registere	ed agent, or both, in the State of F h, and necept the obligations of S	iorida. Such change was authorized	by the corporation	's board of directors. I hereby accept the app	pointment as registered agent. I am		
IGNATURE	Jen B Da	meh Ferns	} Samek	- 16	74196		
	Statistics, typed or pricted harry of registered a			e required when reinstatings	DATE		
2. ILE	DPS	AND DIRECTORS DELETE	13. 1. 1 TITLE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition		
SME	SAMEK, FERN		1.2 NAME	1 - 1 -	Change		
TREE: ADDRESS	11021 SW 93RD COURT		13 STREFT ADDRESS	samet, fern	c. 4.		
IV-SI-ZIP	MIAMI FL		14 CITY-ST-ZIP	1 4620 SM 69	3315/2		
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Mf		_	2.2 NAME				
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M:			3.2 NAME				
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LF		☐ DELETE	5. 1 TITLE		☐ Change ☐ Addition		
ME			5.2 NAME				
REET ADDRESS			5 3 STREET ADDRESS				
Y ST ZIP	- · · · · ·		5.4 CITY - ST- ZIP				
.€		DELETE	6 1 TITLE		Change Addition		
ME			6.2 NAME				
HEFT ADDRESS			63 STREET ADDRESS				
TY - ST - ZIP			6.4 CITY - ST - ZIP				
. I do hereby	certify that the information supplied the information inclinated on this a	ed with this filing is voluntarily furnish	and does not a	. I ualify for the exemption stated in Section 119 accurate and that my signature shall have the	.07(3)(k), Florida Statutes. I further		

SIGNATURE: