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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M04235

(1)

1. Corporation Name

G & F OFFICE INTERIORS INC.

Principal Place of Business

**7880 N UNIVERSITY DR. FL ONE
PO BOX 26132
TAMARAC FL 33321**

Mailing Address

**7880 N UNIVERSITY DR. FL ONE
PO BOX 26132
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/21/1984** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2470832** 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MARULANDA, CARLOS
3760 INVERRARY DR N3P
LAUDERHILL FL 33319**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **MARULANDA, EDGAR (SR.)**
STREET ADDRESS **3760 INVERRARY DR N3P**
CITY- ST- ZIP **LAUDERHILL FL**

TITLE **TD**
NAME **MARULANDA, CARLOS**
STREET ADDRESS **3760 INVERRARY DR N3P**
CITY- ST- ZIP **LAUDERHILL FL**

TITLE **VD**
NAME **MARULANDA, EDGAR A. (JR.)**
STREET ADDRESS **3760 INVERRARY DR N3P**
CITY- ST- ZIP **LAUDERHILL FL**

TITLE **SD**
NAME **MARULANDA, CESAR**
STREET ADDRESS **694 STANTON DR**
CITY- ST- ZIP **FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** Change Addition
1.2 NAME **MARULANDA, EDGAR SR.**
1.3 STREET ADDRESS **2684 RIVIERA COURT**
1.4 CITY- ST- ZIP **FORT LAUDERDALE, FL 33332**

2.1 TITLE **T/D** Change Addition
2.2 NAME **MARULANDA, CARLOS**
2.3 STREET ADDRESS **668 STANTON DRIVE**
2.4 CITY- ST- ZIP **FORT LAUDERDALE FL 33326**

3.1 TITLE **V/D** Change Addition
3.2 NAME **MARULANDA, EDGAR A. (JR.)**
3.3 STREET ADDRESS **812 SAND CREEK CIRCLE**
3.4 CITY- ST- ZIP **FORT LAUDERDALE, FL 33327**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP **33326**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

Edgar Marulanda, Sr.

EDGAR MARULANDA, SR.

4/17/95

(305) 722-2837

BIOPHYLIX AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number