

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M04235 (1)**  
1. Corporation Name  
**G & F INTERIOR DESIGN, 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**

3. Date Incorporated or Qualified: **08/21/1984** 3a. Date of Last Report: **04/27/1995**  
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. **500 EAST BROWARD BOULEVARD**  
Suite, Apt. #, etc.  
22. **1100**  
City & State  
23. **FT LAUDERDALE FL**  
Zip  
24. **33394** Country  
25. **USA**

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: **MARULANDA, CARLOS A**  
82. Street Address (P.O. Box Number is Not Acceptable): **500 EAST BROWARD BOULEVARD**  
83. **SUITE 1100**  
84. City: **FT LAUDERDALE** FL 85. Zip Code: **33394**

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]* (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MARULANDA, EDGAR (SR.) STREET ADDRESS: 2684 RIVIERA COURT CITY-ST-ZIP: FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	
TITLE: TD	NAME: MARULANDA, CARLOS STREET ADDRESS: 668 STANTON DRIVE CITY-ST-ZIP: FT LAUDERDALE FL	<input type="checkbox"/> DELETE	DO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: MARULANDA, EDGAR A.(JR.) STREET ADDRESS: 812 SAND CREEK CIRCLE CITY-ST-ZIP: FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	
TITLE: SD	NAME: MARULANDA, CESAR STREET ADDRESS: 694 STANTON DR CITY-ST-ZIP: FT.LAUDERDALE FL	<input type="checkbox"/> DELETE	DO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DO	NAME: MARULANDA, PABLO A. STREET ADDRESS: 18444 NW 9TH COURT CITY-ST-ZIP: FT LAUDERDALE, FL 33029	<input type="checkbox"/> DELETE	800001828838 -05/20/96--01035--010 ***200.00
TITLE: [Blank]	NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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]* CARLOS A. MARULANDA 04-29-96 954-463-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)