

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

**FILED**

**May 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M04235 (1)**  
 1. Corporation Name  
**G & F INTERIOR DESIGN, INC.**



Principal Place of Business <b>500 E. BROWARD BLVD.                  SUITE 1100                  FT. LAUDERDALE FL 33394</b>	Mailing Address <b>500 E. BROWARD BLVD.                  SUITE 1100                  FT. LAUDERDALE FL 33394-3085</b>
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3. Date Incorporated or Qualified <b>08/21/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2470832</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc. <b>920</b>	26. Suite, Apt. #, etc. <b>920</b>
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**MARULANDA, CARLOS A  
 500 E. BROWARD BLVD.  
 SUITE 1100  
 FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83. Suite: <b>920</b>	
84. City	

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] DATE: **04-28-97**

12. OFFICERS AND DIRECTORS

TITLE	DO	<input type="checkbox"/> DELETE
NAME	<b>MARULANDA, CARLOS</b>	
STREET ADDRESS	<b>688 STANTON DRIVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>MARULANDA, CESAR A</b>	
STREET ADDRESS	<b>694 STANTON DR</b>	
CITY-ST-ZIP	<b>FT.LAUDERDALE FL</b>	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	<b>MARULANDA, PABLO A</b>	
STREET ADDRESS	<b>18444 NW 9TH CT</b>	
CITY-ST-ZIP	<b>FT.LAUDERDALE FL 33029</b>	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	<b>Marulanda, Edgar Alfredo</b>	
STREET ADDRESS	<b>812 Sand Creek Circle</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33327</b>	
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DO</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>2556 Jardin Lane</b>
3.4 CITY-ST-ZIP	<b>Fort Lauderdale FL 33327</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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: [Signature] DATE: **04-28-97** (954) 453-0210

CR2E034 (9/96)