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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000079112

1. Corporation Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORIENTAL DECOR OF SOUTH FLORIDA, INC.

22 27 City & State City & Stat	CTORS IN 12
MAMI FL 33137 US MAMI FL 33137 US Suite, Apt. #, etc. 25 4. FEI Number 4. FEI Num	Not Applicable 5 Additional Required 00 May Be ed to Fees UNO Cip Code gits registered s registered
US 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 10/27/1994 4. Filt Number 65-0531807 5. Certificate of Status Desired 65-0531807 7. Trust Fund Contribution 65-05-0531807 7. Trust Fund Contribution 65-05-0531807 7. Trust Fund Contribution 65-05-0531807 8. This corporation owes the current year Intanglishe Personal Property Tax. 6-10-05-05-05-05-05-05-05-05-05-05-05-05-05	Not Applicable 5 Additional Required 00 May Be ed to Fees UNO Cip Code gits registered s registered
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28 Trust Fund Contribution AZ	Lip Code its registered s registered
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9. Name and Address of Current Registered Agent MITCHMAN, HOWARD J ESO. 9600 W SAMPLE ROAD SUITE 205 CORAL SPRINGS FL 33065 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 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 agent. I am familiar with, and accept the obligidions of, Section 607,0505, Florida Statutes. SIGNATURE Signature, freed or proited name of registered agent and 150 of applicable. INOTE: Registered Agent signature required when registered in the purpose of changing agent. I am familiar with, and accept the obligidions of, Section 607,0505, Florida Statutes. SIGNATURE Signature, freed or proited name of registered agent and 150 of applicable. INOTE: Registered Agent signature required when registered in the purpose of changing agent. I am familiar with, and accept the obligidions of, Section 607,0505, Florida Statutes. SIGNATURE Signature, freed or proited name of registered agent and 150 of applicable. INOTE: Registered Agent signature required when registered in the purpose of changing agent. I am familiar with an applicable in the purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agent. I am familiar with a purpose of changing agen	Zip Code gits registered s registered
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14. I 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 indicated on this annual report or supplemental annual report is the and accurate and that my signature shall have the same legal effect as if made under oath officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	. –