

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 369364

1. Corporation Name
Shur's Interiors, Inc.

Principal Place of Business
3550 North Miami Avenue
Miami, Florida 33127

Mailing Address
4255 N.W. 36th Avenue
Miami, Florida 33142

3. Date Incorporated or Qualified 08/17/1970	3a. Date of Last Report 09/25/96
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2. Principal Place of Business 21	2a. Mailing Address 26
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4. FEI Number 59-1306200	Applied For <input type="checkbox"/> Not Applicable
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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City & State 23	City & State 28
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Zip 24	Country 25	Zip 29	Country 30
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Kubit, Esq., Donald E.
Fowler, White, et al.
100 SE 2nd Street, 17th Floor
Miami, FL 33131

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	DEFOSARIEU, DELUCY E.
STREET ADDRESS	4255 N.W. 36th Avenue
CITY-ST-ZIP	Miami, FL 33142
TITLE	TD <input type="checkbox"/> DELETE
NAME	DE POMPIGNAN, JACQUES
STREET ADDRESS	4255 N.W. 36th Avenue
CITY-ST-ZIP	Miami, FL 33142
TITLE	VSD <input type="checkbox"/> DELETE
NAME	DEAGOSTINI, PIERRE
STREET ADDRESS	4255 N.W. 36 Avenue
CITY-ST-ZIP	Miami, FL 33142
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3550 North Miami Avenue
1.4 CITY-ST-ZIP	Miami, FL 33127
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3550 North Miami Avenue
2.4 CITY-ST-ZIP	Miami, Florida 33127
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3550 North Miami Avenue
3.4 CITY-ST-ZIP	Miami, FL 33127
4.1 TITLE	<input type="checkbox"/> Change <input 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pierre De Agostini

04/08/97

355 593-58-24

CR2EN34 (9/96)