1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 475243

1. Corporation Name

FEDERAL SIGN & DECAL CORP.

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90035 004 \*\*\*150.00



Principal Place of Business Mailing Address						- I MARTIN BERDE ETITE HERT BERDE CHT BERDE OFFE BERTE OFFE BERTE FEBRU FEBRU 1991
1570 NW 165 S		1570 NW 165 STREET				
MIAMI FL 33169		MIAMI FL 33169			DO NOT WOITE IN THE CRACE	
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
•						04/16/1975
9 Principal Pl	ace of Business	2a. Mailing Address				4 FEI Number Applied For
<del></del>	ace of Dustifiess	26				59-1561314 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27	27			5. Certificate of Status Desired Fee Required
City & State	<del></del>	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country Zip		$\overline{}$	Country		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes YNO  10. Name and Address of New Registered Agent
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Registered Agent
GDA	NT IADDY C		L	"		
Grant, Larry E. 1570 NW 165 Street				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
MIAMI FL 33169				83		
			-	84	City	85 Zip Code
					•	FL   13 24 5555
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 registroffice 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Registered /	Agent	t signature required	when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 T/II	E		☐ Change ☐ Addition
NAME	GRANT, LARRY E.		1.2 NAME			
STREET ADDRESS	1570 NW 165 STREET		1.3 STREET		ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CIT		-ZIP	
TITLE	STD	☐ DELETE	2.1 TIT	E		Change Addition
NAME	GALKO, THEA		2.2 NAME			
STREET ADDRESS	1570 NW 165 STREET		2.3 STREE		ADDRESS	
CITY-ST-ZIP	The state of the s		2. 4 CI		T-21P	☐ Change ☐ Addition
TITLE	D ADAMOO AAAAMITI	LI DELETE	3.1 TITLE 3.2 NAME			
NAME	ARANGO, MANUEL		3.2 NAME		. AODDECC	
STREET ADDRESS	1570 NW 165 STREET		3.4. CITY-S			
CITY-ST-ZIP TITLE	MIAMI FL	□ DELETE	4.1 TIT		1-ZIF	☐ Change ☐ Addition
NAME		<u> </u>	4. 2 NA			-
STREET ADDRESS,					ADDRESS	
CITY-ST-ZIP			4.4 CIT		ì	
TITLE	<u> </u>	☐ DELETE	5.1 TIT			☐ Change ☐ Addition
NAME		•	5.2 NA	ME		
STREET ADDRESS		•	5.3 STI	REET	ADORESS	
CITY-ST-ZIP	5.4		5.4 C/T		r-ZIP	
TITLE	☐ DELETE 6.1		6.1 T/T	Æ	Ţ. <u>-</u>	☐ Change ☐ Addition
NAME			6.2 NA		}	
STREET ADDRESS			6.3 STREET ADDRESS		ADDRESS	
			6400	V-ST	r.710	\

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 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 of 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 another than address, with all other like empowered.

SIGNATURE: