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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:13

DOCUMENT # **480338** **(3)**

1. Corporation Name
SHUR'S INTERIORS BROWARD, INC.

Principal Place of Business	Mailing Address
175 NORTHWEST FIRST AVE. 11TH FLOOR MIAMI FL 33128	175 NORTHWEST FIRST AVE. 11TH FLOOR MIAMI FL 33128

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1975
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21 100 S.E. 2nd Street
Suite, Apt. #, etc.
22 17th floor
City & State
23 Miami, FL
Zip 24 33131 Country 25

2a. Mailing Address
26 100 S.E. 2nd Street
Suite, Apt. #, etc.
27 17th floor
City & State
28 Miami, FL
Zip 29 33131 Country 30

4. FEI Number: 59-1306200 ☐ 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

9. Name and Address of Current Registered Agent

WARNER JONATHAN H
175 NORTHWEST FIRST AVE.
11TH FLOOR
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd Street
83 17th floor
84 City: Miami FL 85 Zip Code: 33131

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 _____ DATE
Signature, type or print name of registered agent and title if applicable — NOTE: Registered Agent signature required when applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	DE POMPIGNAN, JACQUES	12 NAME	
STREET ADDRESS	3550 N.MIAMI AVE.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	DORN, LOUIS	22 NAME	
STREET ADDRESS	3550 N.MIAMI AVE.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	DE LUCY DE FOSSARIEU, E.	32 NAME	
STREET ADDRESS	MARTINIQUE	33 STREET ADDRESS	
CITY ST ZIP	FR.ANTILLES	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	DE AGOSTINI, PIERRE	42 NAME	
STREET ADDRESS	MARTINIQUE	43 STREET ADDRESS	
CITY ST ZIP	FR.ANTILLES	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 added to the report with an address.

SIGNATURE: _____ 04/14/1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0205976 CP