FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **541071** **(7)**

1. Corporate Name

INTERIORS AND PATIO BY MICHELE, INC.

Principal Place of Business	Mailing Address
5500 S.W. 105 STREET MIAMI FL 33156	5500 S.W. 105 STREET MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/07/1977	02/03/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1930970 ☐ Applied For ☐ Not Applicable
State, Apt. #, etc. 22	State, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPEAR, ELAINE **5500 SW 105TH ST.** **MIAMI FL 33156**	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 Section 607.0502 and 607.1908 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(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)
Title NAME STREET ADDRESS CITY-ST-ZIP	P SPEAR, ELAINE 5500 SW 105TH STREET MIAMI FL
Title NAME STREET ADDRESS CITY-ST-ZIP	
Title NAME STREET ADDRESS CITY-ST-ZIP	
Title NAME STREET ADDRESS CITY-ST-ZIP	
Title NAME STREET ADDRESS CITY-ST-ZIP	
Title NAME STREET ADDRESS CITY-ST-ZIP	

☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I am aware that any false information submitted in a document to the Department of State for filing may subject me to criminal sanctions. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Elaine M. Spear
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (305)247-1947
Date Daytime Phone Number

0168162 CP