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

May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (1)561873 PAINT DECOR, INC. Principal Place of Business Mailing Address 4980 SW 52 ST 5300 KING ARTHUR AVE **BAY 108** DAVIE FL 33331 DO NOT WRITE IN THIS SPACE DAVIE FL 33314 3. Date Incorporated or Qualified 03/13/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1905443 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DEL REY, JESUS 5300 KW ARTHUR AVE Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33331** 83 84 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 (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE DEL REY, JESUS NAME 1.2 NAME 5300 KING ARTHUR AVE STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change DEL REY, YOLANDA NAME 2.2 NAME 5300 KING ARTHUR AVE STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL CITY-ST: ZIP 2 4 CHTY-ST-ZIP DELETE Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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:

FILED

954-583-3981