SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 605795 (4)

1. Corporation Name
DIANE S. SEPLER INTERIORS, INC.

Principal Place of Business
5045 S.W. 82ND STREET
MIAMI FL 33143

Mailing Address
5045 S.W. 82ND STREET
MIAMI FL 33143

3. Date Incorporated or Qualified: 01/05/1979
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business — 21
Suite Apt. # etc — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite Apt. # etc — 27
City & State — 28
Zip — 29 County — 30

4. FEI Number: 59-1868768 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. [illegible] ☐ — $5.00 May Be Added to Fees

8. This corporation has taken for interstate tax under S. 1361 (a), Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SEPLER, DIANE S.
5045 SW 82 ST.
MIAMI FL

10. Name and Address of New Registered Agent
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 of Officer or Director of Registered Agent if a Corporation — Signature of Registered Agent if a Natural Person — Date

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
DP	SEPLER, DIANE S	5045 SW 82 ST	MIAMI, FL 00000

13. ☐ Change ☐ Add/Del

14. I hereby certify that the information supplied with this report or amended annual report, if any, is true and correct, for the purposes stated in Section 607.0505(3)(b), Florida Statutes. I further certify that the information entered on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and force 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 on Block 12 or Block 13 in compliance with an addendum attachment with an address.

SIGNATURE: [signature] 6/26/95 0000-068-0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Corporate Number

pd 6/27 CK # 4979

CR2E034 (3/95)

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