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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Donalda B. Marbury
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 640978

(3)

1. Corporation Name:

MIAMI DECOR, INC.

Principal Place of Business

7351 NW 61ST
MIAMI FL 33166-3703
US

Mailing Address

7351 NW 61 ST
MIAMI FL 33166-3703
US



2. Principal Place of Business

21

Subj. Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Subj. Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ARISTIZABAL, FABER
9207 S.W. 136TH CIRCLE
MIAMI FL 33176

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 (602) and 607 (1506) 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 the person authorized to make the change

Signature of the person authorized to make the change

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
ARISTIZABAL, FABER
7351 N.W. 61ST
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 a shareholder or partner authorized 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 as an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-92

(305) 885-3552

CR2E034 (12/95)