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

PROFIT CORPORATION ANNUAL REPORT

1997

City-St-ZiP

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 665327

(3)

IVETTE ARANGO INTERIORS, INC.

Principal Place of Business Mailing Address 71 NE 40TH ST. 71 NE 40TH ST. P.O. BOX 370217 P.O. BOX 370217 MIAMI FL 33137 MIAMI FL 33137-0217 3. Date incorporated or Qualified 3a. Date of Last Report 04/01/1980 02/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0102474 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zιρ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BORRON, JORGE C ESQ <u>PLANAS, IVETTE</u> 2151 SW LE JEUNE ROAD, #202 Street Address (P.O. Box Number is Not Acceptable)
71 NE 40TH ST 82 CORAL GABLES FL 33134 83 City 84 MIAMI 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 when reinstating).

DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change PLANAS, IVETTE NAME 1.2 NAME 71 NE 40TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CHTY - S1 - ZIF 1.4 CITY-ST-ZIP DELETE Change Addition DILE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CitY-St-ZIF 2. 4 CITY - \$T - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-21P DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIE DELETE TITLE 5.1 TITLE ☐ Change Addition NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 City-St-ZiP 14. I do 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

OFFICER OR DIRECTOR

04-04-97

(305)576-6243

Daytime Phone #

13 if changed, or on an attachment with an address.