

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INFORMATION
 ANNUAL REPORT
 1995



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95 MAY -1 PM 3:23

DOCUMENT # **G06135** (9)

CASTELLANOS DRAPERY HARDWARE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

		3a. Date incorporated or Qualified 10/26/1982		3b. Date of Last Report 04/18/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2239862	
21		2a		Applied For Not Applicable	
Suite Apt # etc		Suite Apt # etc		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		6a. Trust Contribution has satisfied the stipulations of section 1719 (b)(2) Florida Statutes ☒ Yes ☐ No	
23		28			
24		25		29	
				30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CASTELLANOS, RIGOBERTO 111 NW 79TH STREET MIAMI FL 33150	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84	City	85

[illegible]

2015-2016

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
OFF	VP		OFF		☐ Change ☐ Addition
NAME	CASTELLANOS, ALEJANDRO		NAME		
STREET ADDRESS	2500 S.W. 6TH ST., #404		STREET ADDRESS		
CITY/STATE/ZIP	MIAMI FL		CITY/STATE/ZIP		
OFF	V		OFF		☐ Change ☐ Addition
NAME	CASTELLANOS, RIGOBERTO J		NAME		
STREET ADDRESS	3325 N.W. 3RD ST.		STREET ADDRESS		
CITY/STATE/ZIP	MIAMI FL		CITY/STATE/ZIP		
OFF	S		OFF		☐ Change ☐ Addition
NAME	GALIANA, TOMAS		NAME		
STREET ADDRESS	115 MADEIRAS CORAL G		STREET ADDRESS		
CITY/STATE/ZIP	MIAMI FL		CITY/STATE/ZIP		
OFF	VT		OFF		☐ Change ☐ Addition
NAME	ISABEL, MEIZOSO		NAME		
STREET ADDRESS	8801 N.E. 8TH CT.		STREET ADDRESS		
CITY/STATE/ZIP	MIAMI FL		CITY/STATE/ZIP		
OFF	P		OFF		☐ Change ☐ Addition
NAME	CASTELLANOS, RIGOBERTO S		NAME		
STREET ADDRESS	2500 SW 6TH STREET #301		STREET ADDRESS		
CITY/STATE/ZIP	MIAMI FL		CITY/STATE/ZIP		
OFF			OFF		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY/STATE/ZIP			CITY/STATE/ZIP		

14. I do hereby certify that the information supplied with this form is voluntarily furnished and that I am ready for the examination about it in the last 100 (100/100) Florida Statutes. I further certify that the information supplied 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 not eligible or am ineligible for the suspension of the fee owed on this document for noncompliance with this report as required by Chapter 667, Florida Statutes, and that my duties are as those of a Clerk of the Court or as an authorized state employee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR'S

04/04/23