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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G06135

(9)

Mailing Address

CASTELLANOS DRAPERY HARDWARE, INC.

| FILED              |
|--------------------|
| May 07 1997 8:00am |
| Secretary of State |



| 111 N.W. 79TH STREET<br>MIAMI FL 33150 |   | 111 N.W. 79TH STREET<br>MIAME FL 33150-3015               |                    |  |  |                                   |                                       |
|--|---|---|--------------------|--|--|-----------------------------------|---------------------------------------|
|  |   |   |                    |  | Date Incorporated or Qualified     10/26/1982  | 3a. Date of La                    |                                       |
|  | Place of Business   | 2a. Mailing Address                                       |                    | 4. FEI Number  |  | Applied For                       |                                       |
| 21                                     |   | 26  |                    |  |  |                                   | Not Applicable                        |
| Suite, Apt                             |   | Suite, Apt #, etc.  |                    | 5. Certificate of Status Desired                       |  | \$8.75 Additional<br>Fee Required |                                       |
| City & Sta                             |   | City & State  |                    | 6. Election Campaign Financing Trust Fund Contribution | S \$5.00 May Be Added to Fees  |                                   |                                       |
| Zip<br>24                              | Country 25  | 25 29 30  |                    |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes ☐ No |                                   |                                       |
|  | 9. Name and Address of Current  | Registered Agent  |                    |  | 10. Name and Address of New Reg  | stered Agent                      |                                       |
|  | STELLANOS, RIGOBERTO  |   |                    | 81 Name  |  |                                   |                                       |
|  | I NW 79TH STREET<br>AMI FL 33150  |   |                    | 82 Street Add  | dress (P.O. Box Number is Not Acceptab   | le)                               |                                       |
|  |   |   |                    | B3   |  |                                   |                                       |
| ı<br><del>İ</del>                      |   |   |                    | B4 City  |  | FL 85                             | Zip Code                              |
| 11. Pursuani<br>office or              | t to the provisions of Sections 607.0502 registered agent, or both, in the State of | and 607.1508, Florida Statu<br>F Florida, Such change was | ites, the ab       | ove-named cor<br>by the corpora                        | rporation submits this statement for the p<br>ation's board of directors. I hereby accep           |                                   | ng its registered<br>it as registered |
| agent. I<br>SIGNATURE                  |   |   |                    |  |  |                                   |                                       |
|  | Signature typed or printed name of ingistimed agent                                 |   |                    | Agent signature requ                                   | uired when reinslating)  | DATE                              |                                       |
| 12.<br>TITLE                           | OFFICERS AND  | DELETE  | 13.                | T-   | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIREC                     |                                       |
| NAME                                   | CASTELLANOS, ALEJANDRO  |   |                    |  |  | ⊋_ Una                            | rige 1_1 Addition                     |
| STREET ADDRESS                         | ARAA A 141 AMIL AT #4A4   |   | 1.2 NAI            | •  |  |                                   |                                       |
|  | MIAMI FL  |   |                    | EET ADDRESS  |  |                                   |                                       |
| CITY-ST-ZIP<br>TITLE                   | V   | DELETE  | 2.1 TO             | Y - ST - ZIP   | <del>-</del>   | _i Cha                            | noe Addition                          |
| NAME                                   | CASTELLANOS, RIGOBERTO J  |   | 2.1 101<br>2.2 NAI |  |  | Ona                               | iige [_] Addition                     |
| STREET ADDRESS                         | AAAR ILLU ABB AT  |   |                    | EE1 ADDRESS  |  |                                   |                                       |
| CITY-ST-ZIP                            | MIAMI FL  |   |                    | Y-ST-ZIP   |  |                                   |                                       |
| TITLE                                  | \$  | DELETE  | 3.1 T(1)           |  |  | J_ Cha                            | nge Addition                          |
| NAME                                   | GALIANA, TOMAS  |   | 3.2 NAI            |  |  | // <u>_</u>                       |                                       |
| STREET ADDRESS                         | ALP MARCINIA CORM O   |   |                    | EET ADDRESS  |  |                                   |                                       |
| CITY-ST-ZIP                            | MIAMI FL  |   |                    | Y-S1-7IP   |  |                                   |                                       |
| TITLE                                  | VI  | DELETE  | 4.1 T(1)           |  |  | Cha                               | nge Addition                          |
| NAME                                   | ISABEL, MEIZOSO   |   | 4. 2 NA            | ME   |  |                                   | -                                     |
| STREET ADDRESS                         | AAA4 11 = AT11 AT   |   |                    | EFT ADDRESS  |  |                                   |                                       |
| CITY - ST - ZIP                        | MIAMI FL  |   |                    | Y - ST - ZIP   |  |                                   |                                       |
| TITLE                                  | P   | DELETE  | 5.1101             |  |  | Cha                               | nge Addition                          |
| NAME                                   | CASTELLANOS, RIGOBERTO S  |   | 5.2 NAI            | AF .   |  |                                   |                                       |
| STREET ADDRESS                         |   |   | 5.3 STF            | EET ADDRESS  |  |                                   |                                       |
| CITY-ST-ZIP                            | MIAMI FL  |   | 5.4 CIT            | Y - ST - ZIP   |  |                                   |                                       |
| TITLE                                  |   | ☐ DELETE  | 6.1 T(T            | E  |  | Cha                               | nge 🔲 Addition                        |
| NAME                                   |   |   | 6.2 NA             | AE   |  |                                   |                                       |
| STREET ADDRESS                         |   |   | 6.3 \$16           | EET ADDRESS  |  |                                   |                                       |
| CITY-ST-ZIP                            |   |   | 6.4 CIT            | Y - S1 - 7IP   |  |                                   |                                       |
|  |   |   |                    |  |  |                                   |                                       |

14. I do hereby certify that the information supplied with this filling 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 eath; 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.

MATURE

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