FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G90873** **(2)**

1. Corporation Name
IRENE LEHMAN INTERIORS, INC.

Principal Place of Business	Mailing Address
7763 S.W. 102 PLACE MIAMI FL 33173	7763 S.W. 102 PLACE MIAMI FL 33173

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/13/1984
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business	2a. Mailing Address
21 1000 QUAYSIDE TERRACE	26 1000 QUAYSIDE TERRACE
22 Suite, Apt. #, etc. PH 12	27 Suite, Apt. #, etc. PH 12
23 City & State MIAMI, FLA	28 City & State MIAMI, FLA.
24 Zip 33138 25 Country USA	29 Zip 33138 30 Country USA

4. FEI Number: 59-2369263 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEHMAN, MITCHELL L. 7763 S.W. 102 PLACE MIAMI FL 33173	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1000 QUAYSIDE TERRACE 83 PH 12 84 City MIAMI, FLA. FL 85 Zip Code 33138

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: X Mitchell L. Lehman
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	LEHMAN, IRENE	1.2 NAME	
STREET ADDRESS	1000 QUAYSIDE TERR., APT. T.5.12	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	LEHMAN, MITCHELL	2.2 NAME	
STREET ADDRESS	7763 SW 102ND PL	2.3 STREET ADDRESS	1000 QUAYSIDE TERRACE, PH 12
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLA. 33138
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Irene Lehman 3/26/95 305 893 9615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180000 CP