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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI	MENT # J005	68 (2)					
	EY B. LAPIN INTERIORS	& DESIGNS, INC.			1 48 0 111 0 5/ft 10 0 11 0 0 14 6 0 15 10 0 11 0 11	(B): Bion Orber der	Old Mildia Madia Madhar ann ar
Principal Place	of Business	Mailing Address				TOTAL WINDLE WINDLE BANK	yle ososi oloti dibli 1801
C/O JEFFRE' 180 NE 39TH MIAMI FL 33'	I ST. #220	180 NE 39TH ST STE 220 MIAMI FL 33137	TE 220				
US		US			3. Date Incorporated or Qualified 02/21/1986	3a. Date of t	Last Report 1/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	03/0	Applied For
21		26			E0_06746E1		Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired S8.75 Additional Fee Regulred	
City & State)	City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be
Zip	Country	Zip			R. This corporation has liability for intangible tax under s 199.032,		
24	25 29 9. Name and Address of Current Registered Agent		30		Florida Statutes Yes No		
	9, Name and Address of Cul	rrent Hegistered Agent		Name	10. Name and Address of New R	gistered Age	nt
I APIN .I	EFFREY B.		ľ	Name			
	QUAT AVENUE		[8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
COCONUT GROVE FL 33133				13			
•			s	I4 City			5 Zip Code
				1,			
				named corpo	ration submits this statement for the purp ird of directors. I hereby accept the appo	ose of changin	ig Its registered office
SIGNATURE:	ni, and accept the obligations bi, S	Bection 607,0005, Florida Statutes	s.	,	The second second the opposition of the second seco	The fore as rogi.	stored agent. I am
12.	Signature, typed or printed name of registered a OFFICERS	agont and little if applicable (NC AND DIRECTORS	OTE: Registered A	gent signature require	***************************************	DATE OF CO. AND DID	E07050 H 40
TITLE	PD	DELETE 1.1		E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	LAPIN, JEFFREY 8.		1.2 NAM	F.			
STREET ADDRESS	3911 LOQUAT AVE.		1.3 STRE	ET ADDRESS			
CITY - ST - ZIP TITLE	COCONUT GROVE FL	Fibrita	1,4 CITY-ST-ZIP				
NAME			2.171.	_	Change Addition		nange [] Addition
STREET ADDRESS			2.2 NAM	FT ADORESS			
CITY-ST-ZIP			23 SIRE				
TITLE	Property and the second		3 1 TITL			Ch	nange Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3. STRI	EET ADDRESS			
CITY-ST-ZIP		FT brutte	3.4 City				
TITLE NAME		☐ DELETE	4. 1 Trit.		በበበበበብ ነው።		ange 🔲 Addition
STREET ADDRESS			4.2 NAM	ET ADDRESS	00000183 -05/23/960100		' /
CITY-ST-ZIP			4.4 CITY		***225.00	70 QUI	~ 201d
TITLE	The state of the later to the state of the s	DELETE	5. 1 1111			ΓLCh	Addition
NAME			5.2 NAMI	:	(_ /O	<
STREET ADDRESS			5 3 STHE	ET ADDRESS) 1)	<i>/</i>
CITY-S1-ZIP			5.4 CITY			<u> </u>	
TITLE	□ DELET		6. 1 1/TLE			Ch	ange 🔲 Addition
NAME STREET ADDRESS			6.2 NAM	i			
CITY-SI-ZIP				EL ADDRESS			
14 I do horehy	certify that the information supplic	od with this filing is voluntarily furn	6.4 City hished and do	on not avoid of	or the exemption stated in Section 119.0	7(3)(k). Florida !	Statutes, I further
certify that to eath; that I appears in to	the information indicated on this ar am an officer of director of the co Block 12 or Block 13 it offanged, o	inual reporter supplemental anni poration or the receiver or truster of on an attachment with an addr	i ua l report is t é e mpowered r és s.	rue and accura I to execute this	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flor	ame legal effectida Statutes; ar	t as if made under nd that my name

ME OF SIGNING OFFICER OR DIRECTOR Lapin 57/15/96 (305) Districe Priorie SIGNATURE: