FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
Apr 21 1997 8:00am
Secretary of State

DOCUMENT # J01513   (7)

1. Corporation Name
W.E. INTERIORS, INC.

Principal Place of Business	Mailing Address
~~3203 N FLORIDA AVE.~~ ~~TAMPA FL 33603~~	~~3203 N FLORIDA AVE.~~ ~~TAMPA FL 33603-5535~~

4310 WEST SOUTH AVE.   SAME

3. Date Incorporated or Qualified **02/28/1986**	3a. Date of Last Report **04/19/1996**	

2. Principal Place of Business
21 *4310 WEST SOUTH AVE.*

2a. Mailing Address
26

4. FEI Number **59-2660076** — Applied For / Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23 *TAMPA FL*

City & State
28

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

Zip 24 *33614*   Country 25 *HILLSBOROUGH*
Zip 29   Country 30

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

9. Name and Address of Current Registered Agent

CARDENAS, WILFREDO
3218 W. LOUISIANA AVE.
TAMPA FL 33614

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **CARDENAS, WILFREDO**		1.2 NAME	
STREET ADDRESS **3218 W. LOUISIANA AVE.**		1.3 STREET ADDRESS	
CITY-ST-ZIP **TAMPA FL**		1.4 CITY-ST-ZIP	
TITLE ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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

SIGNATURE: *Title Pres.* Wilfredo Cardenas Sr   04/11/97   (813)348-097_