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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # J25092 (4)

1. Corporation Name
INTERIOR CONTRACTING SPECIALISTS, INCORPORATED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~4627 NW 97 CT.~~ ~~MIAMI FL 33178~~ ~~US~~	~~% HUGHES & SILVERS~~ ~~1141 KANE CONCOURSE~~ ~~BAY HARBOR ISLANDS FL 33154~~ US

3. Date Incorporated or Qualified: 07/21/1986
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 11320 SW 114 CIRCLE TERRACE	26 % HUGHES SILVERS + GLASSMAN
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1140 KANE CONCOURSE - 5TH FLR
City & State 23 MIAMI, FL	City & State 28 BAY HARBOR ISLANDS, FL
Zip 24 33167 Country 25	Zip 29 33154 Country 30

4. FEI Number: 59-2775965 ☐ 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

~~SILVERS, ROBERT H~~
~~C/O HUGHES & SILVERS~~
~~1141 KANE CONCOURSE~~
~~BAY HARBOR ISLANDS FL 33154~~

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable): % HUGHES SILVERS + GLASSMAN
B3: 1140 KANE CONCOURSE - 5TH FLOOR
B4 City: BAY HARBOR ISLANDS FL B5 Zip Code: 33154

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PST~~	11 TITLE	☐ Change ☐ Addition
NAME	~~CHANIN, CLIFFORD B.~~	12 NAME	
STREET ADDRESS	~~C/O HUGHES & SILVERS 1141 KANE~~	13 STREET ADDRESS	% HUGHES SILVERS + GLASSMAN
CITY-ST-ZIP	~~BAY HARBOR ISLANDS FL~~	14 CITY-ST-ZIP	1140 KANE CONCOURSE - 5TH FLOOR BAY HARBOR ISLANDS, FL 33154
TITLE	~~V~~	21 TITLE	☐ Change ☐ Addition
NAME	~~CHANIN, CLIFFORD, B~~	22 NAME	
STREET ADDRESS	~~C/O HUGHES & SILVERS 1141 KANE~~	23 STREET ADDRESS	% HUGHES SILVERS + GLASSMAN
CITY-ST-ZIP	~~BAY HARBOR ISLANDS FL~~	24 CITY-ST-ZIP	1140 KANE CONCOURSE - 5TH FLR BAY HARBOR ISLANDS, FL 33154
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 added on an attachment with an address.

SIGNATURE: X CLIFF CHANIN 4-28-95 305 864 7531
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #