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 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J29959** **(0)**

1. Corporation Name

ARCHITECTURAL & DESIGN SURFACES, INC.

Principal Place of Business	Mailing Address
4300 AURORA STREET SUITE M CORAL GABLES FL 33146 US	900 N.W. 1 AVE. BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 4295 Aurora Street
22 Suite, Apt. #, etc:
23 City & State: Coral Gables, FL
24 Zip: 33146 25 Country: U.S

2a. Mailing Address
26 6290 NW 27th Way
27 Suite, Apt. #, etc:
28 City & State: Ft. Lauderdale, FL
29 Zip: 33309 30 Country: U.S.

4. FEI Number: 59-2799433 ☐ 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

BERLIN LOUIS
900 NW 1ST AVE
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 6290 NW 27th Way
83:
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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	SD	11 TITLE	☒ Change ☐ Addition
NAME	MISSIKA MENAHEM	12 NAME	
STREET ADDRESS	900 NW 1ST AVENUE	13 STREET ADDRESS	6290 NW 27th Way
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	VTD	21 TITLE	☒ Change ☐ Addition
NAME	BERLIN LOUIS	22 NAME	
STREET ADDRESS	900 NW 1ST AVE	23 STREET ADDRESS	6290 NW 27th Way
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	PD	31 TITLE	☒ Change ☐ Addition
NAME	BLOOM, WILLIAM	32 NAME	
STREET ADDRESS	900 NW 1ST AVENUE	33 STREET ADDRESS	6290 NW 27th Way
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
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 on an attachment with an address.

SIGNATURE: _____ 4/19/95 **305-969-8453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E043 (2/95) CP