FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K07677

(3)

PAINT DECOR VERTICAL BLINDS

Mailing Address

PEMPEF LTD., INC.

Principal Place of Business

PAINT DECOR VERTICAL BLINDS

FILED May 06 1997 8:00am Secretary of State

|--|--|

HOLLYWOOD F		HOLLYWOOD FL 33024-4003						•	
					•	3. Date Incorporated or Qualified 12/15/1987		te of Last R 1/1996	eport
21	ace of Business	2a. Mailing Address 26				4. FEI Number 65-0019273		the second section is a second	oplied For ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		,		5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	>	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip 24	Country 25	Z(p)	Goun 30	try			Yes [] No	. 199.032,
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Re	gistered A	gent	
ACU	NA, MARY			31	Name				
	SÓ. OCEAN DR. LYWOOD FL 33019		-	32	Street Addre	oss (P.O. Box Number is Not Acceptat	ole)		A SUN MINE IN THE PARTY OF THE
İ			ī	33					
				84	Cily		FL	85 Zip	Code
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered age	of Florida. Such change was ations of, Section 607.0505, FI	authorized Iorida Statu	by 1 les.	the corporation	oration submits this statement for the pon's board of directors. I hereby accended the control of the control o	pt the appo	ointment as	registered
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
TITLE	P	☐ DELFTE	1.5 1010	ŧ				Change	Addition
NAME	ACUNA, MARY A.	•	1,2 NAM	λÉ					
STREET ADDRESS	3505 SO. OCEAN DR. HÖLLYWOOD FL 33019				DORESS				
City-St-ZiP	HOLLI WOOD PL 33018	DELETE	1,4 C(T) 2.1 T(T)		- ZIP			☐ Change	Addition
TITLE		C) pittir	2.1 IIII. 2.2 NAA					LT Outsings	nadition
NAME STREET ADDRESS					DURESS				
CITY-ST-ZIP	•		2.4011						
TITLE		☐ DELFTE	3.1 1111					Change	Addition
NAME			3.2 NAM	Λŧ					
STREET ADDRESS			3.3 S1ft	EET A	ADDRESS				
CITY-ST-ZIP			3.4. CI1		- ZIP				
TITLE		□ DELETE	4.1 1111					Change	Addition
NAME			4 2 NA						
STREET ADDRESS					LODRESS				
CITY-ST-ZIP		DELETE	4,4 CD1 5,1 TBU		· ZIP			Change	Addition
NAME			5.2 NAM						
STREET ADDRESS					ADDRESS				
CATY-ST-ZIP			5.4 CIT						
TITLE		DELETE	61111					Change	Addition
NAME			6,2 NAM	VΕ					
. STREET ADDRESS			6,3 \$16	EET A	ADDRESS				
CITY-ST-ZIP			6,4 CIT	Y - S1	- 7IP				

14. I do hereby certify that the information supplied with this filing does not qualify fer the exemption stated in Section 119.07(3)(i), I forida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true any 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 chapter, or or an attachment with an address.