

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

DOCUMENT # **K12574**

4-25-96 B-4512-NC
(5)

1. Corporation Name
N.G. DRAPERIES, INC.



Principal Place of Business

2327 W. 77TH ST.
HIALEAH FL 33016

Meeting Address

2327 W. 77TH ST.
HIALEAH FL 33016

2. Principal Place of Business

2a. Meeting Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

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City & State

City & State

23

28

Zip

County

Zip

County

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g. Name and Address of Current Registered Agent

**FRANCISQUINE, NORMA
11392 NW 2 TER
MIAMI FL 33172**

3. Date Incorporated or Qualified **01/19/1988** 3a. Date of Last Report **06/12/1995**

4. FEI Number **65-0027767** Applied For Not Applicable

5. Certificate of Status Declared **\$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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

11. Pursuant to the provisions of Section 607.011 and 607.1500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent to comply with the provisions of Sections 607.011 and 607.1500, Florida Statutes. This corporation and its officers and directors, hereby accept the appointment as registered agent of the

SIGNATURE: *Norma Lezcano*

4/19/96

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																				
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14. I, the undersigned, certify that the information appearing on this annual report or supplementary 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 of this report or in the public records of the State of Florida.

SIGNATURE: *Norma Lezcano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

CR2E034 (12/95)