## 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

DOCUMENT # K12574

(5)

N.G. DRAPERIES, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 15 1997 8:00am Secretary of State



2327 W. 77TH ST. HIALEAH FL 33016		2327 W. 7714 ST. HIALEAH FL 33016-1869				
					3. Date incorporated or Qualified 01/19/1988	3a. Date of Last Report 04/25/1996
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		65-0027767	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28			Trust Fund Contribution	☐ Added to Fees
Zφ	Country	Zip	Countr	у	8. This corporation has liability for i	intangible tax under s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered Agent
	NCISQUINE, NORMA		81	Name		
11392 NW 2 TER			82	Street Add	iress (P.O. Box Number is Not Acceptab	ile)
MIAMI FL 33172						
			83	1		
			84	City		B5 Zip Code
				City		FL   S   Z   D C C C C C C C C C C C C C C C C C C
11. Pursuant f office or re agent if a	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	0502 and 607.1508, Florida Stati tate of Florida. Such change was bligations of, Section 607.0505, F	utes, the above authorized be lorida Statute	re-named cor by the corpora es.	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
SIGNATURE						
	Signal as Typen or Graved name of registere	d agont and little if applicable (NO AND DIRECTORS	TE: Registered Ac	jent skinature requ	ired when reinslating) ADDITIONS/CHANGES TO OFFICE	DATE PERSON AND DIRECTORS IN 12
12.	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	LEZCANO, NORMA		1.2 NAME			Onuning
STREET ADDRESS	5440 W 21 CT #101			T ADDRESS		
ł	HIALEAH FL			ł		
CHY-ST ZIP	VSD	☐ DELETE	1.4 CITY- 2.1 TITLE	21-11r		Change Addition
NAME	CANOVAS, GLADYS	_ otter	2.2 NAME	1		
STREET ADORESS.	1910 W 63 ST			T ADDRESS		
1	HIALEAH FL			- 1		
CHTY-S1-7IF TillE		DELETE	2. 4 CITY 3.1 TITLE	· 51 - LIF		Change Addition
NAME			3.2 NAME			
STREET ACORESS			1	T ADDRESS		
		,				
CHTY ST-ZIP		DELETE.	3.4. CITY -			Change Addition
NAME		had back (t.	4.2 NAM	- 1		The second of the second
STREET ADDRESS				T ADDRESS		
			<b>f</b>	- 1		
CHY+S1+7IP TIFLE		DELETE	4.4 CITY- 5.1 TITLE			Change Addition
NAME		tan order	5.2 NAME			Em annuallo Em condition
STREET ADDRESS				T ADDRESS		
1						
Crty-St-ZiP Titte		DELETE	5.4 CITY- 6.1 TITLE			Change Addition
	·	L_I DELLIC		i		C outside C vocation
NAME ENGEL ADDRESS			6.2 NAME			
STREET ADORESS				T ADDRESS		
CHY - S1 - 70	<u> </u>		6.4 CITY -	ST-ZIP		

14. Ido 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 and cated 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: