Feb 04, 1999 8:00 am Secretary of State

02-04-1999 90014 041 ***150.00

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

PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K12574

1. Corporation Name N.G. DRAPERIES, INC.				
Principal Place of Business	Mailing Address			
2327 W. 77TH ST. HIALEAH FL 33016	2327 W. 77TH ST. HIALEAH FL 33016	•	0.0 10.7 11.0 11.1	2 224 25
			DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	S SPACE
}			01/19/1988	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0027767	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Country	8. This corporation owes the current year le	ntangible
24 25	29	ol	Personal Property Tax.	⊠ Yes □No
	ss of Current Registered Agent		10. Name and Address of New Registered	d Agent
		81 Name		
FRANCISQUINE, NORMA 82 Street Add			ress (P.O. Box Number is Not Acceptable)	
11392 NW 2 TER		OZ Sileet Add	1 - 2	A GARAGE AND THE START
MIAMI FL 33172		83	· · · · · · · · · · · · · · · · · · ·	141266 1413 1413 1413 1
			<u> </u>	1 1 1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sect	ons 607.0502 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the submits of the purpose of the purpose of the submits of the su	of changing its registered
office or registered agent, or both, agent. I am familiar with, and acce	in the State of Florida. Such change was aut of the obligations of, Section 607.0505, Florid	horized by the corporati la Statutes.	on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE			ed when reinstating). DATE	·
Signature, typed or printed name of registered agent and title if applicable. (NOTE: f 12. OFFICERS AND DIRECTORS		rgistared Agent signature required when reinstating). DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD	T DELETE	1.1 TITLE		Change Addition
NAME LEZCANO, NORMA	-	1.2 NAME		
STREET ADDRESS 5440 W 21 CT #10	1	1.3 STREET ADDRESS		(
LUAL TALL TI	•	1.4 CITY-ST-ZIP	·	j
TITLE VSD	☐ DELETE	2.1 TITLE		Change Addition
NAME CANOVAS, GLADYS	_	2.2 NAME		
STREET ADDRESS 1910 W 63-ST	•	2.3 STREET ADDRESS		, ,
LIME EALL EL	وسيعتم والمستان المستان	2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
		3.2 NAME	•	
NAME		3.3 STREET ADDRESS		
STREET ADDRESS				
CITY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change C Addition
1	_ occit	4.2 NAME		
NAME	7 A 1	4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS	~	1 1		
CITY-ST-ZIP		4.4 CITY+ST-ZIP		

CITY-ST-ZIP 14. I 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 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 Chagter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

☐ DELETE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Change

☐ Addition

__ Addition