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

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 98 MAR -9 AM 8: 03 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 SECRETALY OF STATE TALLARY SSLE, FLORIDA DOCUMENT # Principal Place of Business Mailing Address 60 Sed 72019 mom1, El 33155 3a. Date of Last Report 3. Date Incorporated or Qualified 2. Principal Place of Busines Applied For 4760 SW 120VE 5ame 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 9. Name and Address of Cyrrent Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 82 83 23/5 City 64 Zip Code 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 Signature, typed or profee name of registered agent and title if applicable (NOTI. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 11 TITLE Change Addition TITLE 800002451988-NAME 1.2 NAME 900re 1 3 STREET ADDRESS STREET ADDRESS 33/55 1.4 CITY-ST-ZIP CITY+ST-ZIP DELETE 2.1 TITLE NAME 2.2 NAME ****315.00 ****315.00 2 3 STREET ADDRESS STRUET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NÂME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS SC 3 9 9 9 Addition 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS

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_		SIGNATURE AND TYPE OR	PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR	7 0/	o Daytime Prione #



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March 3, 1998

Shawn Logan, Document Specialist Florida Department of State **Divisions of Corporations** P.O. Box 6327 Tallahassee FL 32314

Subject: Just Interior Designs Incorporated

Ref. Number: K15221

Letter Number: 198A00001667

Dear Mr. Logan:

We have received your letter wherein you advised that our corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 1997 corporate annual report form.

In 1997 we sent a letter changing the address of our corporation from 5990 SW 16 Terrace to 4760 SW 72 Avenue, Miami. This letter was sent but apparently did not reach you. As a result, we did not receive the annual report notices. Thereafter, we called the offices personally because we had not received these documents. Once received, we immediately sent a check for \$165.00 and the completed annual report.

Pursuant to our conversation of March 2, 1998, we are now re-sending the annual report and a check for \$315.00 per your instructions. We have also enclosed a copy of the letter which was sent to us. We understand that the \$900.00 fee will be waived this time only. I apologize for any inconvenience this delay may have caused and thank you for you consideration and assistance in reinstating my corporation.

4760 S.W. 72 Avenue

Miami, Florida 33155

Phone: (305) 666-8555

Fax: (305) 666-2113

E-mail: piedras@piedras.com

http://www.piedras.com

Sincerely

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