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

SIGNATURE:

Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 POCUMENT # (3)K28750 EMPIRE INTERIOR CORP. Principal Place of Business Mailing Address 13765 S.W. 80 AVE. 13765 S.W. 80 AVE MIAMI FL 33158 MIAMI FL 33158 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0064909 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PADRON, FERNANDO 8340 S.W. 18TH ST Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE PADRON, FERNANDO NAME 1.2 NAME 13765 SW 80TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2 2 NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS 6.4 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 trustate employed 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.

FILED