SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

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PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K33050** **(1)**

1. Corporation Name
FAMILY VERTICAL BLINDS, INC.

Principal Place of Business	Mailing Address
1648 WEST 41ST STREET **HIALEAH FL 33012**	**1648 WEST 41ST STREET** **HIALEAH FL 33012**

3. Date Incorporated or Qualified: **09/14/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt #, etc		Suite, Apt #, etc	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number: **65-0076755** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ORTEGA EDUBAR **397 WEST 64 STREET** **HIALEAH FL 33012**	81 Name: EDUBAR ORTEGA 82 Street Address (P.O. Box Number is Not Acceptable): 650 WEST 63 DRIVE 83 84 City: HIALEAH FL 85 Zip Code: 33012

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 _____ (Typed or printed name of Registered Agent and Title, if applicable) (NOTE: Registered Agent's signature required when name is changed) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	ORTEGA, EDUBAR		12 NAME	EDUBAR ORTEGA	
STREET ADDRESS	650 W 63RD ST		13 STREET ADDRESS	650 WEST 63 DRIVE	
CITY-ST-ZIP	HIALEAH FL		14 CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE	VD	☐ DELETE	21 TITLE	VD	☒ Change ☐ Addition
NAME	ORTEGA, MARIETTA		22 NAME	MARIETTA ORTEGA	
STREET ADDRESS	650 W 63RD ST		23 STREET ADDRESS	650 WEST 63 DRIVE	
CITY-ST-ZIP	HIALEAH FL		24 CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Chapter 617, Florida Statutes; and that my name appears in Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EDUBAR ORTEGA PD — 8-6-96 — 305-827-0715
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)