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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 3:58

DOCUMENT # **K47838** **(3)**

1. Corporation Name

BARBARA BELTRAN INTERIOR DESIGNS, INC.

Principal Place of Business	Mailing Address
~~6841 MAIN ST~~ ~~6841 MAIN ST.~~ MIAMI FL 33012 ~~US~~	~~7325 N AUGUSTA DR~~ ~~6841 MAIN ST.~~ MIAMI FL 33015 ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/29/1988**
3a. Date of Last Report: **04/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 7325 N. AUGUSTA DR	26 7325 N. AUGUSTA DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL	City & State 28 MIAMI FL
Zip 24 33015 Country 25 US	Zip 29 33015 Country 30 US

4. FEI Number: **65-0086170** ☐ 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
BELTRAN, BARBARA **~~6841 MAIN STREET~~** **~~MIAMI LAKES FL 33012~~**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7325 N. AUGUSTA DR 83 84 City MIAMI **FL** 85 Zip Code 33015

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 ✓ Barbara Beltran 3-6-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OPS	1.1 TITLE	☒ Change ☐ Addition
NAME	BELTRAN, BARBARA	1.2 NAME	
STREET ADDRESS	~~6841 MAIN ST.~~	1.3 STREET ADDRESS	7325 N AUGUSTA DR
CITY-ST-ZIP	~~MIAMI LAKES FL~~	1.4 CITY-ST-ZIP	MIAMI, FL 33015
TITLE	T	2.1 TITLE	☒ Change ☐ Addition
NAME	BELTRAN, BARBARA	2.2 NAME	
STREET ADDRESS	~~6841 MAIN ST.~~	2.3 STREET ADDRESS	7325 N AUGUSTA DR
CITY-ST-ZIP	~~MIAMI LAKES FL~~	2.4 CITY-ST-ZIP	MIAMI FL 33015
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ Barbara Beltran 3-6-95
Signature and Typed or Printed Name of Individual Date Daytime Phone #

0094310 OP