PROFIT CORPORATION PROFIT Sandra B Mortham FLORIDA DEPARTMENT OF STATE Sandra B Mortham



ANN	UAL REPORT 1996	Secr	etary of State DF CORPORATIONS		
DOCU 1. Corporation	MENT # K865 8	36 (0)			
•	LESALE INTERIORS OF TA	MPA, INC.		A MANAGAN AGA MANA ANGA MANA	n Sali Maki Mali dana Sibu Sibu Siba Mali Jan
Enderson Disco	- (D)				
Principal Place of Business 4801 W. KENNEDY BLYD. 124-A		Mailing Address			
		6555 NW 9TH AVEN 109	UE		
TAMPA FL : US	33609	FT. LAUDERDALE FL US	. 33309	3. Date Incorporated or Qualified	3a. Date of Last Report
			·—	05/09/1989	04/27/1995
2. Principal P [1]	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2768592	Applied For
Suite, Apt.	#, etc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
Oity & Stat	ie	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
_, Ζφ	Country	Zip	Country	8. This corporation has liability for in	
4	25 9. Name and Address of Curre	29	30	Florida Statutes	□No
	9. Hame and Address of Curre	mi negistered Agent	81 Name	10. Name and Address of New R	agistered Agent
HOLLIN	ISED-VEZ, KAREN		82 Street Add	ress (P.O. Box Number is Not Acceptable	(c)
6555 N	W 9TH AVE			reas (i.e.). Elex ridiniber la riot Acceptable	
APT 9	IDPODALE EL AGAGA		[83]		
FI. LAU	JDERDALE FL 33309		84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida State	ites, the above-named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its registered office
or registe familiar w	ired agent, or both, in the State of Floi ith, and accept the obligations of, Sec	rida. Such change was author ction 607.0505, Florida Statute	ized by the corporation's boa es.	ird of directors. Thereby accept the appo	intment as registered agent. I am
SIGNATURE	Signature, type t or printed name of registered age-		and a second of the second		
12.		ND DIRECTORS	(Cit Hegistered Agent signature requie 13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TIT.€	D	☐ DELETE	I 1 TITLE		Change Add-tion
NAMI ,	VAZ, KAREN		1.2 NAME		
STHEL! ADDRESS	6555 NW 9 AVE. #109 FT. LAUDERDALE FL 33309	•	1.3 STREET ADDRESS		
Dict -31-2r	1 1. CAUDENDALL I'L 03303	DELETE	1.4 CITY - ST - ZIF 2 1 TITLE		Change Addition
NAME		_	2.2 NAME		
STREET ADDRESS			2.3 STREET ACCRESS		
CITY - ST - ZIP TITLE	ļ	DELFTE	2.4 CHY+ST-ZIP 3.1 TULE		Change C Addition
NAMi		bettie	3 2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CHY ST-ZP			34 CITY - ST - ZIP		
TITLE NAME		☐ DELFTE	4 1 TITLE		☐ Change ☐ Addition
NAIME STREET ADORESS			4.2 NAME 4.3 STREET ADDRESS		
DITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 Tille	The state of the s	☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME		
STREET ADDRESS Dity+St-Zip			5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		
IITLE		DELETE	6 1 TIFLE		Change Addition
NAME			6 2 NAME		
STHEET ADDRESS			6.3 STREET ADDRESS		
City - ST- ZiP 14. I do hereb	by certify that the information surplied	with this filing is voluntarily for	6 4 City - St - ZiP hished and does not quality f	or the exemption stated in Section 119.0)7/3)/k) Florida Statutos I further
certify that	t the information indicated on the art. I am an officer or director of the core	iuan eport or supprențiental an	nual report is true and accura	ate and that my signature shall have the size report as required by Chapter 607, Flo	same legal effect as if made under
	n Block 12 or Block 13 if charget for	in attached an with air add	dress.	,	and a state of the
SIGNAT	URE:	THUM ST			
	SIGNATURE AND TYPES	H PRINTED NAME OF SIGNING OF FIG	CER ON DIRECTOR	Data	Daytinie Fit one #