SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996, AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROF11 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 FILED DOCUMENT # MAR -3 AM 9: 34 K95780 (8) ARY OF STATE JOMAR DECORATING, INC. Principal Place of Business Mailing Address 10240 S.W. 56TH STREET. #112-A 10240 S.W. 56TH STREET. #112-A MIAM! FL 33165 MIAMI FL 33165 06/15/1989 01/02/1996 4. FEI Number Applied For 26 65-0124508 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing 28 Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes Yes 🗶 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name **GONZALEZ, HUMBERTO** 4777 S.W. 154TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33185 83 RA Zip Code s 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered my State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 9 office or registered agent agent familiar with. 96. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS ASSE DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 PD DELETE TITLE 1 1 TITLE Change Addition GONZALEZ, HUMBERTO NAME 1.2 NAME 4777 S.W. 154TH COURT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-2IP 14 CiTY-ST-ZIP DELETE STD Change Addition TIME 21 TITLE NAME BROUWER-GONZALEZ, MARIE 22 NAME 4777 S.W. 154TH COURT STREET ADORESS 2.3 STREET ADDRESS MIAMI FL CHY-ST 7/F 2 4 CITY - ST-ZIP TITLE DELETE 31 THILE Change Addition NAME 3.2 NAME SURFE[®] ADDRESS 33 STREET ADDRESS CITY-ST-ZIE 3.4. CITY - \$T - ZIP TILE DELETE 4.1 TITLE 054 1mg (-- A@on --01109--006 NAME 4.2 NAME ****383.75 STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - ZIF 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZP 5.4 CITY - ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. I do hereby certily 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 617, Florida Statutes; and that my name appears in Block 12 of Block 13 if one figed, or on an attachment with an address. SIGNATURE:

DE DIRECTOR

NATURE AND TYPED OR PRINTED NAME

HUMBERTO GONZ

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