## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1 2353

(5)

INTER	IOR DRA	PERIES CONS	SULTANTS, INC.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Principal Plac % RICARDO 7510 SW 10 MIAMI FL 33	N. GARCIA	s	% RICARDO 7510 SW 108	Mailing Address  * RICARDO N. GARCIA 7510 SW 108 AVE MIAMI FL 33173					
US			U\$				3. Date Incorporated or Qualified 10/18/1989	3a. Date of Last 05/18/1	
Principal Place of Business     Susiness			2a. Mailing Add	2a. Mailing Address 26			<b>4.</b> FEI Number <b>65-0166683</b>		Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.7	75 Additional e Required
City & State			City & State				Election Campaign Financing     Trust Fund Contribution	□ \$5.	.00 May Be
24]	Country 25		Zip <b>29</b>	30		_		intangible tax under	
	9. Name	e and Address of (	Current Registered Agent		10. Name and Address of New Registered Agent			·····	
CARCIA	DICADDO	N A 1			81	Name		-	
7510 S\		) N.			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
MIAMI F	L 33173				83			<del></del>	<del></del>
11 Dura root	•				84	City			Zip Code
or register familiar wi	red agent, or th, and acce	ons of Sections 60, both, in the State op the obligations of	7.0502 and 607.1508, Floric of Florida. Such change was f, Section 607.0505, Florida	la Statutes, the a authorized by th Statutes.	above-n ne corpo	named corp pration's bo	oration submits this statement for the pur pard of directors. I heroby accept the appo	pose of changing its pintment as register	registered office ed agent. I am
SIGNATURE.									
12.	Signafure, typed		od agent and title if applicable			tsignature requi	red when reinstating)	DATE	
Trile	<b>  P</b>	OFFICER	DEL		3. 1 DTLE		ADDITIONS/CHANGES TO OFFI		· · · · <u></u>
NAME	GARCIA	, RICARDO N.	F-1 5-2		2 NAME			Change	Addition
STREET ADDRESS	7510 S	W 108 AVE			3 STREET .	ADDRESS			
CHTY-ST-ZIP	MLAMI F	Ę			4 CITY - ST				
TIJLE	P		. DEL		1 TITLE			☐ Change	Addition
NAME		, odilia <del>r</del> .		2	2 NAME			Change	L. Auditoit
STREET ADDRESS		N 108 AVE		2	3 STREET A	ADDRESS			
CITY-ST-ZIP	MIAMI F	L		2.4	4 CITY - ST	- 21P			
TITLE	P		DEL		1 TITLE			☐ Change	Addition
NAME		DAVID L.		32	2 NAME			•	_
STHEET ADDRESS	MIAMI F	N 108 AVE		3 3	3. STREET	ADDRESS			
CHY-S1-ZIP TITLE	MINAMI E	<u></u>	Final		CITY-ST	- ZIP			
NAME			DEL	4.	1 TITLE			☐ Change	☐ Addition
STREET ADDRESS				•	2 KAME				
CITY-S1-ZIP					STREET A				
TITLE			DEL.		CITY-ST 1 TITLE	- 21P			
NAME			[] btt		NAME			☐ Change	☐ Addition
STREET ADDRESS					: MAME 8 STREET A	IDDRESS.			į
City-St-zip					CITY-ST-				
TITLE			DELI		1 TITLE			☐ Change	Addition
NAME				6.2	NAME			s.a.igo	
STHEET ADDRESS				63	STREET A	DORESS			
CITY-S1-ZIP				6.4	CITY-ST	- 7iP			. [
14. I do hereby	/ certify that	the information supp	olied with this filing is volunta	arily furnished an	d does	not qualify	for the exemption stated in Section 119.0	7(3)(k) Florida Statu	ites 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 appears in Block 12 or Block 13 if changed, or an anatogiment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

7/96 (305) 270.2055