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CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

ANNUAL REPORT 1998

FILED Jan 30 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS DOCUMENT # (5)L23534 INTERIOR DRAPERIES CONSULTANTS, INC. Principal Place of Business Mailing Address % RICARDO N. GARCIA % RICARDO N. GARCIA 7510 SW 108 7510 SW 108 AVE DO NOT WRITE IN THIS SPACE MIAMI FL 33173 MIAMI FL 33173 US 3. Date Incorporated or Qualified <u>10/18/1</u>989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0166683 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zìp Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 24 25 Personal Property Tax due June 30. ∐ No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name GARCIA, RICARDO N. 7510 SW 108 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33173 83 84 City 85 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE GARCIA, RICARDO N. NAME 1.2 NAME CH2E034 7510 SW 108 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PALAIS, ODILIA R. NAME 2.2 NAME 7510 SW 108 AVE STREET ADDRESS 2,3 STREET ADDRESS . > MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition TITLE ☐ DELETE 3.1 TITLE Change PALAIS, DAVID L 3.2 NAME NAME 7510 SW 108 AVE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CMY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplies with this filling 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 supplierdental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing an an attach the filling an address.

SIGNATURE: