FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

L44134

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # L44134 (9)

1. Corporation Name
JOYCE DECORATING CENTER, INC.

FILED
95 MAY 23 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
13176 NW 7TH AVE. MIAMI FL 33168	20626 NE 9TH PLACE N MIAMI BEACH FL 33179 US

3. Date Incorporated or Qualified: 01/23/1990
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business	2a. Mailing Address
21 13156 NW 7th AV	26 1056 NE 209 terr
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 NMB FLA
24 Zip / 25 Country	29 33179 / 30 Country

4. FEI Number: 65-0177517 — 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
LEBRETON, MARIE J. ~~13176 NW 7 AVE~~ MIAMI FL 33168	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 13156 N W 7th AV 83 84 City MIAMI FL FL 85 Zip Code 33168

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 (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	D	11 TITLE	PMARIE J LEBRETON ☐ Change ☐ Addition
NAME	LEBRETON, MARIE J.	12 NAME	
STREET ADDRESS	20626 NE 9TH PLACE	13 STREET ADDRESS	1056 NE 209 Terr
CITY ST ZIP	N MIAMI BEACH FL 33179	14 CITY ST ZIP	NMB FL 33179
TITLE	VICE PRES.	21 TITLE	VICE PRES. ☐ Change ☒ Addition
NAME	BOUCICAUT, BENITO	22 NAME	BOUCICAUT, BENITO
STREET ADDRESS	20626 N.E. 9 PLACE	23 STREET ADDRESS	20626 N.E. 9 PL.
CITY ST ZIP	N. MIAMI BCH. FLA 33179	24 CITY ST ZIP	N. MIAMI BCH, FLA 33179
TITLE		31 TITLE	0100004 449.86 ☐ Change ☐ Addition
NAME		32 NAME	-05/24/95--01089--002
STREET ADDRESS		33 STREET ADDRESS	****200.00 ****200.00
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	0100004 449.86 ☐ Change ☐ Addition
NAME		42 NAME	-05/24/95--01089--003
STREET ADDRESS		43 STREET ADDRESS	******8.75 ******8.75
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

sented in our own name

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)(i), 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: Marie J. Lebreton
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

5-18-95 305-681-4033
Date Daytime Phone #

D100020 CP