FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** L70886 (1)ADELE GOLD INTERIORS, INC. Principal Place of Business Mailing Address **% MANUEL GUADALUPE** % MANUEL GUADALUPE 1250 N FEDERAL HWY 1250 N FEDERAL HWY POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33062 3. Date Incorporated or Qualified 05/07/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5800 CAHIND DEL SOL 21 5800 CAHINO DEL SOL 65-0190536 Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 200 Fee Regulred 22 200 City & State City & State \$5.00 May Be 6. Election Campaign Financing BOGA RATON Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible USA 24 25 USA 37433 Personal Property Tax due June 30. Yes ☐ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 GUADALUPE, MANUEL 948 SE 9 AVE Street Address (P.O. Box Number is Not Acceptable) 82 POMPANO BEACH FL 33060 83 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1 1 TITLE Change ___ Addition GUADALUPE, ADELE NAME 1.2 NAME CR2E034 5900 CAMINO PEL SOL #200 948 SE 9TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Change TITLE TS DELETE 2.1 TITLE Addition GUADALUPE, MANUEL NAME 2.2 NAME 5000 GAMINO DEL SOL 948 SE 9TH AVE STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 2. 4 CITY - ST- ZIP BOGA RATON FL 33433 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TETLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change __ Addition DELETE

14. Thereby certify that the information supplied 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 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. 521-394-3717

6.1 TITLE

6.2 NAME

63 STREET ADDRESS 6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS