

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathran
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L93837** (7)
1. Corporation Name:
HIBISCUS DECOR, INC.

Principal Place of Business: **3221 SW 88 COURT MIAMI FL 33165**
Mailing Address: **3221 SW 88 COURT MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated in Corporation: **08/03/1990**
3a. Date of Last Report: **06/21/1994**

2. Principal Officer / Director: **21**
2a. Mailing Address: **26**

4. FFI Number: **65-0206588**
Applied Fee:
Not Applicable:

22. State: **27**
23. City & State: **28**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

24. Zip: **25** County: **29** City: **30**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for filing by the order of 1993 (32) Florida Statute: Yes No

9. Name and Address of Current Registered Agent:
**VERDEJA, VIVIEN
3221 SW 88 COURT
MIAMI FL 33165**

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number, Not Applicable):
83. City:
84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0102 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to that in this report. Florida Statute 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 607.0103 Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICER	D
NAME	VERDEJA, VIVIEN
STREET ADDRESS	3221 SW 88 COURT
CITY, STATE, ZIP	MIAMI FL
OFFICER	D
NAME	ALVAREZ, MARTA
STREET ADDRESS	3221 SW 88 COURT
CITY, STATE, ZIP	MIAMI FL
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS, IF ANY

OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

14. This hereby certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0103, Florida Statutes. I further certify that the information included 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 manager 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 as required or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95