FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L95416** **(8)**

1. Corporation Name

HASLEMERE INTERIORS, INC.

Principal Place of Business	Mailing Address
201 ARVIDA PARKWAY CORAL GABLES FL 33156	201 ARVIDA PARKWAY CORAL GABLES FL 33156

(MOVED)

2. Principal Place of Business	2a. Mailing Address
21 3550 NO MOORINGS WAY	3550 NO MOORINGS WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 COCONUT GROVE FL	City & State 28 COCONUT GROVE FL
Zip 24 33133 Country 25 USA	Zip 29 33133 Country 30 USA

3. Date Incorporated or Qualified: 08/23/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0331642 ☐ 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

ULLMAN, SAMUEL C.
% KELLEY DRYE & WARREN
201 S. BISCAYNE BLVD. - 2400 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	POLIAKOFF, STEVEN R.		1.2 NAME	
STREET ADDRESS	201 ARVIDA PARKWAY		1.3 STREET ADDRESS	3550 No. MOORINGS WAY
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	D	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	POLIAKOFF, JACQUELINE		2.2 NAME	
STREET ADDRESS	201 ARVIDA PARKWAY		2.3 STREET ADDRESS	3550 NO MOORINGS WAY
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is valuable from sheet and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96 3055960870
Date Daytime Phone #