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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 APR 18 PM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M19670** **(2)**

1. Corporation Name

DOLPHIN DRAPERIES, INC.

Principal Place of Business	Mailing Address
C/O MIGUEL ORTIZ ~~1600 N.W. 98TH AVENUE~~ MIAMI FL 33172	C/O MIGUEL ORTIZ ~~1600 N.W. 98TH AVENUE~~ MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/21/1985**
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 1810 N.W. 96th AVE.	26 1810 N.W. 96th AVENUE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: **59-2594322** ☐ 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
ORTIZ, MIGUEL ~~1600 N.W. 98TH AVE~~ MIAMI FL 33172	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1810 N.W. 96th. AVENUE 83 84 City: **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandated.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	11 TITLE	☒ Change ☐ Addition
NAME	ORTIZ, MIGUEL	12 NAME	
STREET ADDRESS	~~1600 NW 98TH AVE~~	13 STREET ADDRESS	1810 N.W. 96th AVENUE
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL. 33172-2345
TITLE	TD	21 TITLE	☒ Change ☐ Addition
NAME	ORTIZ, MIGUEL	22 NAME	
STREET ADDRESS	~~1600 NW 98TH AVE~~	23 STREET ADDRESS	1810 N.W. 96th. AVENUE
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL. 33172-2345
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
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	

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 attached amendment, if addition.

SIGNATURE: X Miguel Ortiz 4/13/95 305-593-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0197079 CP