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95 MAY -1 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **M21278** **(0)**

1. Corporate Name

VERTICAL BLINDS U.S.A., INC.

Principal Place of Business	Mailing Address
12807 HILLSBOROUGH AVE. TAMPA FL 33635	13902 W. HILLSBOROUGH AVE. TAMPA FL 33635 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/30/1985	02/21/1994

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

4. FEI Number: 59-2584240 — 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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PAGANI, ALBERTO H. 13902 W. HILLSBOROUGH AVE. TAMPA FL 33635	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 Sections 607.0502 and 607.150(8), 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)
01 TITLE: PSD 02 NAME: PAGANI, ALBERTO H. 03 STREET ADDRESS: 12807 HILLSBOROUGH AVE. 04 CITY, ST, ZIP: TAMPA FL	11 TITLE: VT ☐ Change ☑ Addition 12 NAME: MARTA S. PAGANI 13 STREET ADDRESS: 13902 W. Hillsborough Ave 14 CITY, ST, ZIP: TAMPA FLA 33635
05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY, ST, ZIP	21 TITLE: TR ☐ Change ☑ Addition 22 NAME: ADRIAN A. PAGANI 23 STREET ADDRESS: 13902 W. Hillsborough Ave 24 CITY, ST, ZIP: TAMPA FLA 33635
09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY, ST, ZIP	31 TITLE: TR ☐ Change ☑ Addition 32 NAME: FABIO E. PAGANI 33 STREET ADDRESS: 13902 W. Hillsborough Ave 34 CITY, ST, ZIP: TAMPA FLA 33635
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY, ST, ZIP	41 TITLE: TR ☐ Change ☑ Addition 42 NAME: CARINA S. PAGANI 43 STREET ADDRESS: 13902 W. Hillsborough Ave 44 CITY, ST, ZIP: TAMPA FLA 33635
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY, ST, ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP

14. I declare, under that the information supplied with this report is complete, accurate, factual 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 with an address, with an asterisk, or on an attachment with an asterisk.

SIGNATURE: [signature] 426-95 813-855-3187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0304020 CP