

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

APPROVED
AND
FILED

MAY - 1 AM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M54600** (5)

1. Corporation Name
TOMAS INTERIORS, INC.

Principal Place of Business

**8419 N.W. 1ST TERRACE
MIAMI FL 33126**

Mailing Address

**8419 N.W. 1ST TERRACE
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date for Report to be Submitted **06/26/1997** 3a. Date of Last Report **05/01/1994**

4. FET Number **59-2851725** ☐ Applies Fee ☐ Not Applicable

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

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

7. This corporation has liability for intangible tax under S. 197.03? ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. # etc.

State Apt. # etc.

22

27

City & State

City & State

23

28

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOMAS, DIANA P.
8419 N.W. 1ST TERRACE
MIAMI FL 33126**

81. Name

82. Street Address (P.O. Box Number is Best Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c) Florida Statutes, this officer certifies and represents that the 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, thereby accept the appointment as registered agent, I am familiar with, and accept the responsibility, of, as registered agent, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Change Registered Agent, if applicable)

(Signature of New Registered Agent, if different agent than the old one)

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

12. OFFICERS AND DIRECTORS

1. NAME **P**

2. NAME **TOMAS, DIANA P.**

3. NAME **8419 NW 1ST TERRACE**

4. NAME **MIAMI FL**

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

22. NAME

23. NAME

24. NAME

25. NAME

26. NAME

27. NAME

28. NAME

29. NAME

30. NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1. NAME ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. NAME ☐ Change ☐ Addition

4. NAME ☐ Change ☐ Addition

5. NAME ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. NAME ☐ Change ☐ Addition

8. NAME ☐ Change ☐ Addition

9. NAME ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. NAME ☐ Change ☐ Addition

12. NAME ☐ Change ☐ Addition

13. NAME ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. NAME ☐ Change ☐ Addition

16. NAME ☐ Change ☐ Addition

17. NAME ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. NAME ☐ Change ☐ Addition

20. NAME ☐ Change ☐ Addition

21. NAME ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. NAME ☐ Change ☐ Addition

24. NAME ☐ Change ☐ Addition

25. NAME ☐ Change ☐ Addition

26. NAME ☐ Change ☐ Addition

27. NAME ☐ Change ☐ Addition

28. NAME ☐ Change ☐ Addition

29. NAME ☐ Change ☐ Addition

30. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.02(2)(b) Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of changed, or as an attachment with an address.

SIGNATURE:

Diana Tomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

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