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 # P92000015304 (8)

1. Corporation Name

P.P. DECORATIONS, INC.

Principal Place of Business
451 W 28TH ST
HIALEAH FL 33010

Mailing Address
451 W 28TH ST
HIALEAH FL 33010

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23 Zip
24
25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28 Zip
29
30 Country

3. Date Incorporated or Qualified: 12/30/1992

3a. Date of Last Report: 04/20/1995

4. FEI Number: 65-0378724

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

GIBSON, LUCRECIA ANN
451 W 28TH ST
HIALEAH FL 33010

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 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

12. OFFICERS AND DIRECTORS

TITLE	DVS	☐ DELETE
NAME	GIBSON, LUCRECIA ANN	
STREET ADDRESS	781 NW 197TH TER	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DPT	☐ DELETE
NAME	SETIEN, CARIDAD O	
STREET ADDRESS	1150 W 32ND ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE		
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		☐ Change ☐ Addition
3 TITLE		
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE		
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE		
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE		
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

The information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

14. I do hereby certify that the information indicated on this report or supplemental 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: Caridad Setien pres. 3/13/96 885-3770

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

CR2E034 (12/95)

0062016 CP