FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:43

DOCUMENT # **P93000004823 (9)**

1. Corporation Name
ART DECO RESTORATION INC.

Principal Place of Business	Mailing Address
~~13191 SW 20 STREET~~ / ~~MIAMI FL 33175-1313~~	~~13191 SW 20 STREET~~ / ~~MIAMI FL 33175-1313~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1993	3a. Date of Last Report: 03/16/1994
2. Principal Place of Business: 21 48 Simonton Circle	2a. Mailing Address: 26 48 Simonton Circle
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Fort Lauderdale	City & State: 28 Fort Lauderdale
Zip: 24 33326 / County: 25 Broward	Zip: 29 33326 / County: 30 Broward
4. FEI Number: 65-0387995	Applied For / Not Applicable
5. Certificate of Status (Optional)	$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

~~VILA, PEDRO~~ / ~~13191 SW 20 STREET~~ / ~~MIAMI FL 33175-1313~~

10. Name and Address of New Registered Agent

81 Name: GLORIA PASCUAL
82 Street Address (P.O. Box Number is Not Acceptable): 80 S.W. 8th. Street suite 2000
83
84 City: Miami Florida FL 85 Zip Code: 33130

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: GLORIA PASCUAL (Registered Agent Signature required when changing) 1-12-95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	~~D/~~	11 Title	☐ Change ☐ Addition
Name	~~VILA, PEDRO~~	12 Name	
Street Address	~~13191 SW 20 STREET~~	13 Street Address	
City-St-Zip	~~MIAMI FL 33175-1313~~	14 City-St-Zip	
Title	D/P/VP/S/T/	21 Title	☐ Change ☐ Addition
Name	MULA-DE-HARO, FRANCISCO I	22 Name	
Street Address	~~13191 SW 20 STREET~~	23 Street Address	48 Simonton Circle
City-St-Zip	MIAMI FL ~~33175-1313~~	24 City-St-Zip	Fort Lauderdale Fl. 33326
Title	D	31 Title	☐ Change ☐ Addition
Name	~~ART DECO RESTOARIONS SL~~	32 Name	ART DECO Restoration SL
Street Address	AVE. ALFONSO XIII 480 303A	33 Street Address	
City-St-Zip	BADOLNA BARCELONA 08913	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 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 11 or 12 above, or on an attachment with an address.

SIGNATURE: Francisco Mula - Presidente 1-12-95 305-373-28.68
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING REPORT) (DATE) (DAYTIME TELEPHONE NUMBER)

0100314 CP