

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000078590 (5)

1. Corporation Name

INTERDOORS CORPORATION



Principal Place of Business

Mailing Address

1455 NE 129 STREET  
NORTH MIAMI FL 33161  
US

1455 NE 129 STREET  
~~07E-228~~  
NORTH MIAMI FL 33161  
US

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

07/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILLONE, GASPARE

136 CAMDEN DRIVE

BAL HARBOUR FL 33154

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1455 NE 129 STREET

83

84 City

NORTH MIAMI

FL

85

Zip Code  
33161

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME STILLONE, GASPARE

STREET ADDRESS 136 CAMDEN DR.

CITY-ST-ZIP BAL HARBOUR FL 33154

TITLE ☒ DELETE

NAME PROVERO, ANTONIO

STREET ADDRESS 1535 N.E. 129TH ST.

CITY-ST-ZIP NORTH MIAMI FL

TITLE ☐ DELETE

NAME ALBERTO STOPPA

STREET ADDRESS 1455 NE 129 ST

CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE ☐ DELETE

NAME CHARLIE VENTURI

STREET ADDRESS 1455 NE 129 ST

CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1455 NE 129 ST

NORTH MIAMI FL 33161

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33161

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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 attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GASPARE STILLONE

04-16-96

Date

891-1100

Daytime Phone #

CR2E034 (12/95)