FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000045619 (1)**

FIRST INTERIORS OF MIAMI, INC.

Principal Place 5430 W. 7TH AV HALEAH FL 330	∕E.	Mailing Address 5430 W. 7TH AVE. HIALEAH FL 33012-2550							
					3. Date Incorporated or Qualit 06/17/1994		te of Last Ri 4/1996	eport	
2. Principal Pi	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0501395		Ap	oplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	a 🗆	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financia Trust Fund Contribution	mg []	\$5.00 Added t		
Ζη) 24	Country Zip		Count	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of Ne	w Registøred A	gent	J*************************************	
LOPE	ez, manuel		8	1 Name					
5430 W. 7TH AVE. HIALEAN FL 33012				2 Street Add	dress (P.O. Box Number is Not Acco	eptable)			
			8	3			*		
			8	4 City		FL	85 Zip (Code	
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with land accept the obli	te of Florida. Such change w	as authorized	by the corpora	rporation submits this statement for ation's board of directors. I hereby a	the purpose of	changing it Intment as	s registered registered	
SIGNATURE									
				gent signature requ	uired when reinstating)	DATE OCCIOCIDO AND	DIRECTOR	SC IN 12	
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO (Change	Addition	
FITLE	LOPEZ, MANUEL		1.2 NAM			'	briange	L.J ADDITION	
NAME	5430 W. 7TH AVE.			"					
STREET ADORESS	HIALEAH FL 33012			ET ADDRESS					
OTY-ST-7IP TITLE	THE COURT OF THE C	DELETE	1.4 CITY 2.1 TITLE				Change	Addition	
NAME		C. Detere	2.2 NAM	1		•	Onungo	L. Hadillon	
				ET ADDRESS					
\$TREET ADDRESS				-ST-ZIP					
0 Fr - ST - 20P 10Ft E		DELETE	3.1 TITLE				Change	Addition	
ŃAV:			3.2 NAM	1	1				
STREET ADDRESS				ET ADDRESS					
City - SF- ZiP				/- S1- ZIP					
Tille		DELETE	4.1 TITLI				Change	Addition	
NAME			4. 2 NAN	AE I					
STREET ADDRESS				ET ADDRESS				ſ	
CHTY - S1 - ZiP			4.4 CITY		•				
TILE		DELETE					Change	Addition	
NAME			5.2 NAM	1			•		
STREET ATIONESS			1	ET ADDRESS					
CITY- ST-ZIP			5.4 CITY						
TIFLE		DELETE					Change	Addition	
NAME			6.2 NAM	1					
STREET AODRESS				ET ADDRESS					

CITY-S1-ZIF 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 140. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

information indicated on this amoual 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 have 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.