

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 AM 11:28

DOCUMENT # **P94000046502 (8)**

1. Corporation Name  
**R.C.M. INTERIOR, INC.**

Principal Place of Business Mailing Address  
**5988 W 20TH AVE  
HIALEAH FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/22/1994** 3a. Date of Last Report

4. FEI Number **65-0515774** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. # etc. 26. Suite, Apt. # etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORELL, GISELA  
5988 W 20TH AVE  
HIALEAH FL 33016**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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

(Print Name and Title of Agent or Director)

(Print Name and Title of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES, DELETIONS AND DEPARTURES IN 12

12.1 NAME: **D MORELL, GISELA  
5988 W 20TH AVE  
HIALEAH FL 33016**

13.1 NAME:  Change  Addition  
13.1.1 NAME  
13.1.2 STREET ADDRESS  
13.1.3 CITY, STATE, ZIP

12.2 NAME: **D MORELL, CARLOS  
5988 W 20TH AVE  
HIALEAH FL 33016**

13.2 NAME:  Change  Addition  
13.2.1 NAME  
13.2.2 STREET ADDRESS  
13.2.3 CITY, STATE, ZIP

12.3 NAME:  Change  Addition  
12.3.1 NAME  
12.3.2 STREET ADDRESS  
12.3.3 CITY, STATE, ZIP

13.3 NAME:  Change  Addition  
13.3.1 NAME  
13.3.2 STREET ADDRESS  
13.3.3 CITY, STATE, ZIP

12.4 NAME:  Change  Addition  
12.4.1 NAME  
12.4.2 STREET ADDRESS  
12.4.3 CITY, STATE, ZIP

13.4 NAME:  Change  Addition  
13.4.1 NAME  
13.4.2 STREET ADDRESS  
13.4.3 CITY, STATE, ZIP

12.5 NAME:  Change  Addition  
12.5.1 NAME  
12.5.2 STREET ADDRESS  
12.5.3 CITY, STATE, ZIP

13.5 NAME:  Change  Addition  
13.5.1 NAME  
13.5.2 STREET ADDRESS  
13.5.3 CITY, STATE, ZIP

12.6 NAME:  Change  Addition  
12.6.1 NAME  
12.6.2 STREET ADDRESS  
12.6.3 CITY, STATE, ZIP

13.6 NAME:  Change  Addition  
13.6.1 NAME  
13.6.2 STREET ADDRESS  
13.6.3 CITY, STATE, ZIP

14. The undersigned certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 199.032(4), Florida Statutes. Further, I 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 recipient of the report empowered to cause the report, as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, as required, in conjunction with an address.

SIGNATURE:

*Gisela Morell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED BY MAY 1