SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (PDISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

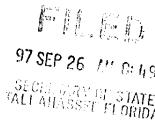
PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State



•	1997 🔌	S. 105	DIVISION O	F CORPOR	ATIONS		37 SEP 26	5 11 8:49	
DOCUMENT # P9400071501 (8) 1. Corporation Name CASA DECORA, INC.							SECH WAY OF STATE TALL AHASSET FLORIDA		
Principal Place of Business Mailing Address 7175 SW 47TH ST BLDG #205 7175 SW 47TH ST BLDG # MIAMI FL 33155 MIAMI FL 33155				DG #205	#205				
							DO NOT WRITE 3. Date Incorporated or Qualified	3a. Date of Last F	
							09/27/1994	10/11/1996	<u> </u>
2. Principal Pi	ace of Business	h	26. Mailing Address				4. FEI Number	J -1-	pplied For
1 Culta Anti-	4 -4-	26					65-0538824		ot Applicable
Suite, Apt. :	W, BIC.		Suite, Apt. #, etc.				5. Certificate of Status Desired	¥ =	Additional equired
City & State)		City & State				6. Election Campaign Financing \$5.00 May Be		
3		28	28				Trust Fund Contribution Added to Fees		
Zip	Country	Zi	р	 1	ntry		8. This corporation owes or has pa		
4	25 9. Name and Address of C	[29]		30			Personal Property Tax due June 10. Name and Address of New Re		No
I AR	A, EVELYN	mieni Heðisten	ea Agent		81 Name	$\overline{\Delta}$	1 / 1 1 1	fistelen Afeur	
	2 SW 113 PL, CIR E, BLDG	205				\subset	ielyn LARA		
MIAMI FL 33155						Addres	s (P.O. Box Number is Not Acceptab		
					83 7	20 /	THE CHECK	<u> </u>	
					4 0 4				
					84 City	bea	l Gables	FL 85 Zp	2/30
office or re	o the provisions of Sections 60 egistered agent, or both, in the n familiar with, and accept the	State of Florida.	Such change wa	is authorize	d by the corp	l corpor poration	ation submits this statement for the p a's board of directors. I hereby accep	urpose of changing in the appointment as	ts registered registered
SIGNATURE									
	Signature, typed or printed name of registe				d Agent signature	e required	when reinstaling)	DA1E	70.1140
12. TITLE	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
	LARA, EVELYN			1.1 TITLE		RAI EVELUA	Change	☐ Modillon	
0022 SW 113 PL CIR F					reet address	43	o Alhambra C	! IROK	
TREET ADDRESS MIAMI FL 33166				TY-ST-ZIP	10	real Gables, Fl :	33134		
CITY-ST-ZIP TITLE	₩-		HELETE	21 T		~~	mari og orsji j	☐ Change	Addition
NAME	Sardina, Gustavo			22 N			00000023		
STREET ADDRESS	102 50 SW 56TH ST			2.3 5	REET ADDRESS		-10/01/3	9701086	009 💳
CITY-ST-ZIP	MIAMI FL 33166			2 4 0	11Y - S1 - Z(P			0.00 ****5	
TITLE			☐ DELETE	3111	TLE	-	·	☐ Change	Addition
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TITLE			☐ DELETE	4 1 T	ILE	ŀ		☐ Change	☐ Addition
NAME				4 2 N	AME				
STREET ADDRESS				435	HEET ADDRESS				[
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		DELETE.		TY-ST-ZIP	ļ		17 Acc. 11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE			DELETE	5.1 Ti				☐ Change	Addition
NAME I				52 N	IMI	i			l l

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 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 of the occeiver 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 change i, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

(305) 662-7600

Change Addition