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

APPROVED AND FILED

95 MAR 14 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073371 (4)

1. Corporation Name
ORLANDO WALLPAPER STOP, INC.

Principal Place of Business	Mailing Address
3030 E. SEMORAN BLVD. APOPKA FL	3030 E. SEMORAN BLVD. APOPKA FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 477 W. ST. RD. 436	26 477 W. ST RD 436
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ALTAMONTE SPRINGS, FL	28 City & State: ALTAMONTE SPRINGS, FL
24 Zip: 32714 25 Country: SEMINOLE	29 Zip: 32714 30 Country: SEMINOLE

4. FEI Number: 59-3269889 — ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOZON, JUAN 3030 E. SEMORAN BLVD. APOPKA FL	81 Name: GOZON, JUAN 82 Street Address (P.O. Box Number is Not Acceptable): 477 W. ST. RD. 436 83 84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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: JUAN GOZON Juan Gozon PRES. DATE: 1/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	GOZON, JUAN	1.2 NAME	GOZON, JUAN
STREET ADDRESS	3030 E. SEMORAN BLVD	1.3 STREET ADDRESS	477 W ST RD 436
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	D	2.1 TITLE	D ☐ Change ☐ Addition
NAME	SUELS DE GOZON, NATACHA	2.2 NAME	SUELS DE GOZON, NATACHA
STREET ADDRESS	3030 E. SEMORAN BLVD.	2.3 STREET ADDRESS	477 W. ST RD 436
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Juan Gozon - JUAN GOZON - PRES. 1/31/95 (407) 6820882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038429 CP