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95 JUN 21 AM 11:41

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P94000085292

1. Corporation Name

EXOTIC DECOR, INC.

Principal Place of Business / Mailing Address

10538 SAILAWAY LANE,
ORLANDO, FL-32825

DOCUMENT NUMBER: P94000085292.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
NOVEMBER 22, 95	FIRST REPORT

2. Principal Place of Business	2a. Mailing Address
21 106 COMMERCE STREET,	26 106 COMMERCE STREET,
Suite, Apt. #, etc: 22 SUITE #102, SILVER LAKE TRADE CENTRE	Suite, Apt. #, etc: 27 SUITE #102, SILVER LAKE TRADE CENTRE
City & State: 23 LAKE MARY, FLORIDA	City & State: 28 LAKE MARY, FLORIDA
Zip: 24 32746 Country: 25 U.S.A.	Zip: 29 32746 Country: 30 U.S.A.

4. FEI Number: EIN 59-3294530 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AHMED Y. KASOO 10538 SAILAWAY LANE, ORLANDO, FL-32825	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and title if applicable) (If 10: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DIRECTOR	11 TITLE ☐ Change ☐ Addition
NAME	SYED ABDUL KARIM QADRI	12 NAME
STREET ADDRESS	409 SUN LAKE CIRCLE, APT #213,	13 STREET ADDRESS
CITY ST ZIP	LAKE MARY, FL-32746	14 CITY ST ZIP
TITLE	DIRECTOR	21 TITLE ☐ Change ☐ Addition
NAME	TARIQ YAQOOB MAYET,	22 NAME
STREET ADDRESS	10538 SAILAWAY LANE,	23 STREET ADDRESS
CITY ST ZIP	ORLANDO, FL-32825.	24 CITY ST ZIP
TITLE		31 TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY ST ZIP		34 CITY ST ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

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****238.75 ****250.00

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 added to the report with an address.

SIGNATURE: EXOTIC DECOR, INC. TARIQ YAQOOB MAYET. MAY 22, 95 (407) 829-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DIRECTOR — Date — Daytime Phone #