

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000085292 (8)

1. Corporation Name

EXOTIC DECOR, INC.



Principal Place of Business

106 COMMERCE STREET
STE. 102 SILVER LAKE TRADE CENTRE
LAKE MARY FL 32746

Mailing Address

106 COMMERCE STREET
STE. 102 SILVER LAKE TRADE CENTRE
LAKE MARY FL 32746

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified

11/18/1994

3a. Date of Last Report

06/21/1995

4. FEI Number

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 s. 199.032,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KASSOO, AHMED Y
10538 SAILAWAY LANE
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer or Director

Signature of New Registered Agent or Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	KARIM QADRI, SYED A	
STREET ADDRESS	409 SUN LAKE CIR. # 213	
CITY, ST, ZIP	LAKE MARY FL 32746	
TITLE	D	☐ DELETE
NAME	MAYET, TARIO Y	
STREET ADDRESS	10538 SAILAWAY LANE	
CITY, ST, ZIP	ORLANDO FL 32825	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 199.073(9), 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 or power of attorney holder of the corporation or the receiver or trustee or power of attorney holder of the corporation, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an "X" if checked.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26, 1996 (407) 829-2201
Date Date

CR2E034 (12/95)