## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

P95000010647 (2)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DOCUMENT #
1. Corporation Name

DIVISION OF CORPORATIONS

## **FILED** Feb 25 1998 8:00am Secretary of State

J.C.S.	INTERIOF	R DESIGN, INC.								
Principal Place of Business Mailing Address								. – I PORTIONA SIN 1949; WILLY WORTH DOTTE NOTE NEED FIDIT NOTE SILLY DEFINE LIBER IN	F1	
11335 SW 88	11335 SW 88 T	TERR								
MIAMI FL 331			MIAMI FL 33186					DO NOT WRITE IN THIS SPACE		
US			US				ŀ	3. Date Incorporated or Qualified		
								02/08/1995		
2. Principal P	lace of Busi	ness	2a. Mailing Address					4. FEI Number Applied F	or	
21			26					65-0666291 Not Appli	eldsc	
Suite, Apt. #. etc.			Suite, Apl. #, etc.					5. Certificate of Status Desired  \$8.75 Addition	al	
22			27					Fee Required		
City & State			City & State					8. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees		
<b>23</b> Zip			Zip Cour				This corporation owes or has paid the current year Intangible			
24	25		29	30		,		Personal Property Tax due June 30. Yes No		
	g, Name	and Address of Curren		11	<u> </u>			10. Name and Address of New Registered Agent		
SICILIANO, JOHANY C					81	Name	3			
		8 TERRACE					Address	dress (P.O. Box Number is Not Acceptable)		
	AMI FL 331									
			ļ							
•					84	′	•	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				Wolf o				when reinstating) DATE		
12.	Signature, lyped	d or printed name of registered age OFFICERS AND			13.	ani signatui	re required i	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE	PD	CATTOLINA	☐ DE		1.1 THILE		Í		dition	
NAME	AIGH IANA IANNANA		1.2 N		1.2 NAME				į.	
STREET ADDRESS	STREET ADDRESS 10491 S.W. 122ND COURT		13\$		1 3 STREET ADDRESS		:		l:	
CITY-ST-ZIP	MIAMI	FL 33186			1.4 CITY-S	31-2IP				
TITLE	VD		☐ DE	LETE	2.1 TITLE			Change A	ddition	
NAME		NO, INES F		1	22 NAME		1			
STREET ADDRESS		S.W. 122ND COURT		1	2.3 STREET	ADDRESS	5		1	
CITY-ST-ZIP	MLAMI	FL 33186			2 4 CITY-	ST-ZIP		T Observe T a	44000	
TITLE	1		□ Di		3.1 TITLE			☐ Change ☐ A	ddition	
NAME					3.2 NAME		. [			
STREET ADDRESS					3.3 STREET		'			
CITY-ST-ZIP TITLE	<b></b> -		Пр		3.4. CITY-:	51-ZIP	+	Change A	ddition	
NAME			_ U		4. 2 NAME					
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CITY-ST-ZIP					4.4 CITY-5					
TITLE			DI		5.1 TITLE		1	Change A	ddition	
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREET	ADDRESS	:	·		
CITY-ST-ZIP					5.4 CITY - S	ST - ZIP				
TITLE			DI	ELFTE	6.1 TITLE			Change A	ddition	
NAME	1				6.2 NAME					
STREET ADDRESS					6 3 STREET	F ADDRESS	5		.	
CITY-ST-ZIP	<u></u>				6.4 CITY-5	ST-ZIP	1			
14. I hereby	certify that the	he information supplied w	ith this filing does not	qualify for the	e exemp	otion sta	ited in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the inform	ation	

strue and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in