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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

May 19 1998 8:00am

Secretary of State

## DOCUMENT # P95000015664 (2)

ASHLEY'S DECORATING GALLERY, INC.

Principal Place of Business		Mailing Address					n tidat allia allia	3 M1510 M1M1 1MM1
4660 S.W. 72 AVE.		4660 S.W. 72 AVE.						
MIAMI FL 33155		MIAMI FL 33155			DO NOT WRITE IN T	HIS SPACE		
						3. Date Incorporated or Qualified	· ·	
						02/24/1995		
	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26		65-0654837		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional	
22 City & State		City & State		<del></del>	A Floring Committee Francisco		Required	
23		28			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country	Zip	Country		_ <del></del>	8. This corporation owes or has paid the		
24	25	29	30			Personal Property Tax due June 30.	Yes	□ No
9. Name and Address of Current F						10. Name and Address of New Registe	red Agent	
CU	RBELO, JOSE I		8	1 Na	ne			
4860 S.W. 72 AVE.			8	2 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)		
MIA	VMI FL 33155							
			8	3				
			8	4 City	/		85 Zi	ip Code
							FL °° '	
office or re	egistered agent, or both, in the State	of Florida. Such change was a	authorized I	by the (	iea corpo corporatio	ration submits this statement for the purpor or's board of directors. I hereby accept the	se or changing appointment	g its registered   as registered
agent. Far	mil <b>la</b> miliar with land accept the obliga	ations of, Section 607.0505, Flo	orida Statut	es.				
SIGNATURE	Signature, typind or printed name of registers if age		C Dunisland A			d when reinstating) DA	10	
12.	OFFICERS AND		13.	gen sgr	nure required	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	D	☐ DELFTE	1.1 TITLE				Chang	
NAME	CURBBELO, JOSE I		1.2 NAME					
STREET ADDRESS 4660 S.W. 72 AVE.			1.3 STREET ADDRESS		.58			
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY - ST - 7IP					
TITLE		DELETE	2.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Chang	ge
NAME			2.2 NAME					
STREET ADDRESS			2.3 STRE	ET ADDRE	SS			
CITY-ST-ZIP			2. 4 CITY	'- \$1 - ZIP				
TATLE		☐ DELETE	ETE 3.1 TITLE				☐ Chang	ge L∐ Addition
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STRE	et addre	SS			
CITY-ST-ZIP			3.4. CITY				——————————————————————————————————————	
TITLE		☐ DELETE	4.1 TITLE				☐ Chang	ge 🔲 Addition
NAME			4. 2 NAV					
STREET ADDRESS				E1 ADDRE	SS			
CITY-ST-ZIP		DELETE	4.4 CITY		_		Chang	ge □ Addition
TITLE		יין אבנגונ	5.1 TITLE					
NAME			5.2 NAM					ļ
STREET ADDRESS			- 1	ET ADORE	92			
CITY-ST-ZIP		DELETE	5.4 CITY 6.1 TITLE				Chang	ne Addition
1		[_] procis	1				Omany	, L rodinoli
NAME STREET ADDRESS			6.2 NAM	ET ADDRE		,		

14. Thereby 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 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 12 if changed, or on an attachment with an address