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

DOCUMENT # P95000022489 (5)

PARUOLO'S INTERIORSCAPE & DESIGN, INC.

Principal Place of Business Mailing Address **BI31 JOHNSON STREET** 8131 JOHNSON STREET PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0567126 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zψ Country Country Zφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PINTO, ANN MARIE **8131 JOHNSON STREET** 62 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Addition TITLE 1.1 TITLE Change PINTO, ANN MARIE NAME 1.2 NAME 8131 JOHNSON STREET STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33024 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change TITLE

64 CfTY-ST-ZIP

14. I hereby 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 supplimental 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 further expressions in Block 12 or Block 13 if priangled, or on an anothment with an address.

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

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3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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Ann MARIE PINTO

3/198 954-433512

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Mar 11 1998 8:00am

Secretary of State