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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000032110 (5) KREISS DECOR, INC.

**FILED** 

Apr 28 1997 8:00am

Secretary of State

									_					
Principal Place of Business Mailing Address														
2801 FLORIDA AVE COCONUT GROVE FL 33133			COC	2801 FLORIDA AVENUE COCONUT GROVE FL 33133-1905										
US			U\$						3.	Date Incorporated or Qua 04/20/1995	lified		te of Last F <b>)8/1996</b>	Report
2. Principal Place of Business				2a, Mailing Address					4. FEI Number				A	pplied For
21			26							65-0584803			N	lot Applicable
Sulte, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.					Б.	. Certificate of Status Desire	ed			Additional
City & State			27						4	· · · · · · · · · · · · · · · · · · ·				lequired
City & State			<del></del> 1	City & State					6.	Election Campaign Finance	ing			May Be
<b>23</b> Zip		Country	28	Zip		ountry	<del>,</del> – –		+-	Trust Fund Contribution				to Fees
24		25	29	• 15	30	00.117)	,		8.	<ul> <li>This corporation has liabili Florida Statutes</li> </ul>	ity ior ir		Tax under:	S. 199.032,
<u> </u>	g. Name	and Address of Curre		ered Agent	1301	- <del></del>			10.	Name and Address of N			<del>-</del>	
HOV	VARD, JEF					81	N	ame						
	I FLORIDA					82		trool Add	ono /5	P.O. Box Number is Not Acc	aontable	<u> </u>		
COCONUT GROVE FL 33133						62	3	(leet Addi	ess (r	P.O. Box Number is Not Act	ceptabli	e)		
						83		· · · · · · · · · · · · · · · · · · ·						
						84	С	ity				FL	<b>85</b> Zip	Code
11. Pursuant	to the provis	sions of Sections 607.05	02 and 60	7.1508, Florida Sta	atutes, the	above	e-na	med corp	oratio	on submits this statement fo	r the pu	iroose of	changing	its registered
office or re	edistered as	gent, or both, in the Sta with, and accept the obli	le of Florida	a. Such change wa	as authoriz	zed by	y the	e corporat	tion's l	board of directors. I hereby	accept	the app	ointment a	s registered
	mi iginimai w	init, and accept the obli	gatto-to bi,	0000011001100000,	, rionala o	ia.a.o.	ψ.							
SIGNATURE	Signature, typed	d or pr-nted name of registered a	gent and title if	applicable (1	NO1E : Registe	ered Age	ent s	gnature requi	red wher	n reinstating)		DATE		
12.		OFFICERS A	ND DIREC	TORS	18	3.				ADDITIONS/CHANGES TO	OFFICE	RS AND		RS IN 12
TITLE	P	h ippeneu		L_  DELETE	11	THLE							Change	Addition
NAME		D, JEFFREY			1.2	NAME								
STREET ADDRESS		ORIDA AVE			1.3	STREET	TADD	RESS						
CITY-ST-ZIP	CUCUNI	UT GROVE FL				CITY-S	S1 - ZI	P						1 1 100
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NAME						NAME								
STREET ADDRESS						STREET		ļ						
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STREET ADDRESS						2 INFINIE STREET		prec						
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CITY-ST-ZIP TITLE				DELETE		CITY-S TITLE	21-71	<u> </u>					Change	Addition
NAME						NAME								
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CITY-ST-ZIP						CITY-S								
TITLE		<del></del>		DELETE		TITLE	J, - E)	<u> </u>					Change	Addition
NAME						NAME							•	
STREET ADDRESS				1		STREET	1 ADD	RESS						
CITY-ST-ZIP				A		CITY - S								
14 do herel	by certify that	at the information suppl	ied with hi	s ling does not qu	ality for th	ne exe	amn	tion states	d in Se	ection 119.07(3)(i), Florida 5	Statutes	I further	certify the	it the
l em en di	fficer or dire	on this annual report of ector of the corporation or Block 13 (f changed,	or the rded	fiver or trustee emo	sowered to	d acci Dexec	urat cute	e and that this repor	t my s rt as r	signature shall have the same equired by Chapter 607, Flo	ne legal orida St	elfect as atutes; a	if made ui nd that my	nder oath; tha name
- Approx. 0 II			7											