## 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 # P95000047037 (3)

HOUSE OF WALLCOVERING, INC.

Principal Place of Business	Mailing Address			
756 N.W. 134 PLACE MIAMI FL 33182	756 N.W. 134 PLACE MIAMI FL 33182	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
2. Principal Place of Business	28. Mailing Address	06/13/1995         Applied For           4. FEI Number         Applied For           65-0591061         Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
Zip Country 25	29 30	Country  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CASTELLANOS, ROLANDO P 7269 W. 30 CT HIALEAH FL 33016		81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83		

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. Land families with and accept the obligations of Section 607.0505. Florida Statutes.

City

agent I a	m familiar with, and accept the obligations of,	Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature typed or printed name of eigetimed agent and lifterit	applicable (NOTE	Registered Agent signature	ure required when reinstating) DATE	
12.	OFFICERS AND DIRECT	<del> </del>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	DRESIDENT _ Change Add	tion
NAME	COLLAZZO, EMILIO F		1.2 NAME	COLLAZO EMILIOF	
STREET ADDRESS	756 N.W. 134 PLACE		1.3 STREET ADORESS	S 756 N.W 184 PLACE	
CITY-ST-ZIP	MIAMI FL 33182		1.4 CITY - ST - ZIP	HIAMI . EL 33182	. 1
TITLE	D	DELETE	2.1 TITLE	VICE-PRESIDENT Change Add	tion
NAME	POPPER, LUCILLE		2.2 NAME	PODER LUCILLE	
STREET ADDRESS	555 N.E. 34 ST., APT #1404		2.3 STREET ADDRESS	655 N.E 345 FAPT # 1404	j
CITY-ST-ZIP	MIAMI FL 33137		2. 4 CITY - \$1 - ZIP	MIAN 61. 23/28	
TITLE		☐ DELETE	31 TITLE	Change Add	tion
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	s (	
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
T+TLE		☐ DELETE	4.1 TITLE	Change Add	tion
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	s (	į
CITY - ST - ZIP			4.4 CiTY-ST-ZIP		
TITLE		DELETE	51 TITLE	☐ Change ☐ Add	tion
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS	s (	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Add	tion.
NAME			6.2 NAME	••	
STREET ADDRESS			6.3 STREET ADDRESS	s	
CITY-ST-7IP			6.4 City-St-Zip		

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 13 if changed, or on an attachment with an address.

SIGNATURE:

derland

4/15/98

CHZEUS# (10/97)

**FILED** 

Apr 21 1998 8:00am

Secretary of State

85

Zip Code