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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary, of State 3 DIVISION OF CORPORATIONS

1. Corporation	MENI # P95000	082318						
	CHAEL'S DECORATORS CI	HOICE INC.						
Principal Place	of Rusiness	Mailing Address						
•		636 E. 42ND ST.			·			
636 E. 42ND ST. HIALEAH FL 33013 HIALEAH FL 33013								
			-		DO NOT WRITE IN THIS S	SPACE		
					 Date Incorporated or Qualified 10/26/1995 			
2. Principal Pl	ace of Business	2a. Mailing Address	_		4. FEI Number	Apr	olied For	İ
21		يُدر يد	- 		65-0725815	- Not	Applicable=	-ت
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	dditional	Ì
22		27			5. Certificate of Status Desired	Fee Rec	quired	
City & State)	City & State			6. Election Campaign Financing	\$5.00 1	May Be	1
23	·	_ 28			Trust Fund Contribution	Added_to	Fees	-
Zip	Country		Country		8. This corporation owes the current year Inta			ĺ
24	25	29 30			T Graditar t Taparry 1 = 200		□No	1
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered A	gent		
MEN	ENDEZ MADIA E		81	Name				ļ
Menendez, maria e 636 e. 42nd st.			82	Street Add	iress (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33013								
ПАС	EARI FL 33013		83					ļ
i			84	City	FL	85 Zip C		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, t	he above	e-named cor	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoin	hanging its i	registered	1
office or re	egistered agent, or both, in the State	of Florida, Such/change was autho	rized by Statutes	the corporat	ion's board of directors. I hereby accept the appoin	ment as reg	jistered	
<u> </u>		2000	012104	•	3/16	199		
SIGNATURE	Signature, typed or printed name of registered age		stered Agen	t signature requir	red when reinstating) DATE] ;
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			1 5
TITLE	DP	' ☐ DELETE	1.1 TITLE			Change	☐ Addition	:
NAME -	menendez, maria e		1.2 NAME					
STREET ADDRESS	636 E. 42ND ST.		1.3 STREET	ADDRESS			•	ľ
CITY-ST-ZIP	HIALEAH FL 33013 1.4C		1.4 CITY-S	T-ZIP				
TITLE	DV	☐ DELETE 2.1 TI				Change	Addition	l'
NAME .	PAZOS, JUAN C		2.2 NAME					
STREET ADDRESS	636 E. 42ND ST.		23 STREET	ADDRESS		-		::-
CITY-ST-ZIP			2.4 CITY-S	T-ZIP				ł
TITLE		☐ DELETE	3.1 TITLE	1	•	☐ Change	☐ Addition	ì
NAME			3.2 NAME				<u></u>	
STREET ADDRESS			3.3 STREET	AODRESS				ļ
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			— • • • • • • • • • • • • • • • • • • •	-
ππLE	. □ DELETE 4.1 m		4.1 TITLE	1		Change	Addition	
NAME	. 4.2N		4.2 NAME	1		*		ļ
STREET ADDRESS	4.3 \$7		4.3 STREET	ADDRESS				ĺ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				ļ
TITLE	☐ DELETE 5.1 TI		5.1 TITLE			Change	☐ Addition	1
NAME			5.2 NAME					
STREET ADDRESS	-	Į	5.3 STREET	ADDRESS		•		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				ļ

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

FICER OR DIRECTOR

DELETE

Change

■ Addition