FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

	1996	DIVISION O	F CORPORATIONS			
1. Corporation	MENT # P950 T & DRAPERY LAND, IN	00083050 (1	l)			
O/MIT E	I a dimi cili cand, in					
Principal Place of Business Mailing Address						
9506 SOUTH RED ROAD 9506 SOUTH			DAD			
MIAMI FL 33	156	MIAMI FL 33156				
				 Date Incorporated or Qualified 10/30/1995 	3a. Date of Last Rep	port
2. Principal Pla 21	ace of Business	2a. Mailing Address		4. FEI Number 04 11/40	ч	oplied For
Suite, Apt. #, etc.		Suite, Apt #, etc				ot Applicable Additional
22		27]		Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	This corporation has liability for	Added	
24	25	29]	30	Florida Statutes	□No	
	g. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New P	legistered Agent	
COURE	I ALVARO			#) C E		
COUREL, ALVARO 9506 SOUTH RED ROAD			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
	L 33156		83			
	<i>\</i>		84 City	H 1961 M O decided at the second at the seco	85 Zip	Code
11 Purquant t	to the provisions of Sections 607.0	502 and 607 1508 Florida Statu	des the above named corner	ation submits this statement for the pur	FL 83 Zip	piotored office
or register	red agent, or both, in the State of F th, and accept the obligations of, S	forida. Such change was authori	zed by the corporation's boar	d of directors. I hereby accept the app	ointment as registered a	gent. I am
SIGNATURE	•					
12.	Signature, type the printed mand of registered a	gent and the Emplicable (N AND DIRECTORS	OTE: Flugi dered Agent signature required		DATE.	
TIDLE	D	DELETE	13. 1. 1 T TLE	ADDITIONS/CHANGES TO OFF	******	Addition
NAME	COUREL, ALVARO		1.2 NAME			2
STREET ADDRESS	9506 SOUTH RED ROAD		1.3 STHEET ADDRESS			الْمُ
CITY - S1 - ZIP TITLE	MIAMI FL 33156	DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE		[] Change	S IN 12 Addition Addition
NAME			2.1 MLF 2.2 NAME		Change	☐ ¥0010011
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.4.011Y-S1-7IP			
TITLE		☐ DELETE	3 1 TITLE		☐ Change	Addition
NAME OTREET ADDRESS			3.2 NAME			
STREET ADDRESS CITY-S1-ZIP			3.3 STREET ADORESS 3.4 CITY-ST-ZIP			
TITLE		[] DELETE	4.1TITLF		☐ Change	Addition
NAME			4.2 NAME		_	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-S1-ZIP		[] DELETE	4.4 C(1Y - ST - 2IP	·	Channa Channa	T) Add Say
TITLE NAME		L) bitch	5 THILE 52 NAME		Change	Addition
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELFTE	6. 1 THILE		Change	Addition
NAME		•	6.2 NAME			
STREE1 ADDRESS			6.3 STREET ADORESS			
14. I do hereb	L by certify that the information suppli	ed with tale filing is voluntarily fur	6.4 City-St-ZiP uished and does not qualify fo	or the exemption stated in Section 119.	07(3)(k), Florida Statutes	s. I further
certify that oath; that appears in	t the information indicated of this I am an officer or director of id co i Block 12 or Block 13 if an ig.id,	innual report or supplemental am orporation or the receiver of trust or on an attachment with an add	nul report is true and accural e empowered to execute this likes.	le and that my signature shall have the s report as required by Chapter 607, Fi	same logal effect as if norida Statutes; and that	nade under rriy name

SIGNATURE: V

TUPE AND TYPED OR PRINTED NAME OF SIGNING OF SIGNING

5/04/94 (305) 371-3060