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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011610 (8)

ALL CUSTOM INTERIOR, INC.

Principal Plac	e of Businoss	Mailing Add	Mailing Address				OLVEN HERR HEIG SHIDI	HEALA COM HEAL
1840 West 491 Hialeah Fl 33	TH STREET STE 605 1012	1840 WEST 49 HIALEAH FL 3	oth street ste 60 3012-2950)5				
						3. Date Incorporated or Qualified 02/02/1996	3a. Date of La	st Report
2. Principal Place of Business		2a. Mailing A	2a. Mailing Address			4. FLI Number		Applied For
21		26				65-0655832		Not Applicable
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	, , , , , ,	5 Additional e Required
City & Stat	0	City & Sta	ite			Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zip	Country		Country 30				iability for intangible tax under s. 199.032,	
[44]	9. Name and Address of Curre	[29] ent Registered Age		7		10. Name and Address of New Re		
MIN	BUILLON, EDUARDO	9 2	11 ⁻¹	81	Name		.	
	WEST 49TH STREET STE 605	5						
HALEAH FL 33012				82	Street A	ddress (P.O. Box Number is Not Acceptat	olo)	
				83				
11.5				84	City		FL 85 1	Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607.1508, F ite of Florida Such c igations of, Section 6	lorida Statutes, the hange was authoriz 607.0505, Florida S	above red by tatutes.	named c the corpo	orporation submits this statement for the paration's board of directors. I hereby accept	ourpose of changing the appointment	ng its registered t as registered
SIGNATURE	•							
1100	Signature, typed or printed name of registered a	CARLES CONTROL OF THE CARLES OF THE CARLES CONTROL	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN	a	nt signature re	equired when reinstating)	DATE	
12.		ND DIRECTORS	13		· 	ADDITIONS/CHANGES TO OFFICE		
ŢITLE	D. CONTROLL	L_	· •	1111.6		PRESIDENT	Char	nge 🔲 Addition
NAME	MINGUILLON, EDUARDO 5838 COLLINS AVENUE APT	448		NAME		Mineuillon, Eduardo	· * 2	
STREET ADDRESS	MIAMI BEACH FL 33140	. 114	Br.		ADDRESS (5640 COLLINS AVE - 9	· 40	
CITY-ST-ZIP	MIAMI DEACH PL 33140	·····		CHY-ST		MIAMI BEACH, FL. 33		
TITLE		L.		TILLE		VICE PRESIDENT	L. Char	nge 🛂 Addition
NAME				NAME	1	Minguillow, Maria 5640 collins Ave		
STREET ADDRESS					ADDRESS	5640 COLLINS AVE.	الاسة ما ما	
CITY-ST-ZIP		····		4 CITY - ST	1 - Z(P	Midhui Beach Fl 3	3140 Char	nge Addition
ATITLE 13		L	T T	TITLE		ţ.	L Cliai	iĝe [_] Modition
NAME :	·			NAME	a nonce do			
STREET ADDRESS				STREET				
CHY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	1	I. CITY - ST I TITLE	1-211		Char	nge Addition
NAME		<u> </u>		2 NAME				igo radition
			•	E NAMELE A	ADODECC			
STREET ADDRESS			1					
CITY-SY-ZIP				COLY-SI	· ZIP		Char	nge Addition
NAME		L		NAME				
STREET ADDRESS			1	STREET /	AUDBLee			
	I		5.3	omter)	ALUDIN 33	•		
				CITY OF	. 7/D			1
; CITY-ST-ZIP				CITY - ST	- Z(P	ALL CONTROL OF THE CO	☐ Char	nge Addilion
TITLE			DELETE 6.1	TILLE	· ZIP		☐ Char	nge Addilion
			DELETE 6.1				☐ Char	nge Addilion

CIONATURE.

4-14-97

upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the ort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

12-01 420 West

FILED

Apr 21 1997 8:00am

Secretary of State