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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 20 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066321 (6)

DISTRICT ART DECO RENTAL SUPPORT SERVICES, INC.

Principal Place of Business Mailing Address						
\$35 OCEAN DRIVE MIAMI BEACH FL 33139		335 OCEAN DRIVE MIAMI BEACH FL 33139-6976				
					3. Date Incorporated or Qualified 3a. Da 08/08/1996	ate of Last Report
⊢	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0687216	Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
		28			Trust Fund Contribution	Added to Fees
Zip	Country Zip		Count	ry	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30] No
	g. Name and Address of Currer	nt Registered Agent		.1	10. Name and Address of New Registered	Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			8		dress (P.O. Box Number is Not Acceptable)	
			8:	3		
	•		_	4 0		
			8-	4 City	FL	85 Zip Code
11. Pursuant office or agent. I	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the abor authorized b lorida Statute	ve-named co by the corporates.	orporation submits this statement for the purpose of ation's board of directors, I hereby accept the app	changing its registered pintment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered A	gent signature req	uired when reinstating} DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE			Change Addition
NAME	ALAVA, TERESA DE		1.2 NAME		•	
STREET ADDRESS	335 OCEAN DRIVE		1.3 STREE	T ADDRESS	-	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY	ST-ZIP		
TITLE	VSD	DELETE	2.1 TITLE	•		Change Addition
NAME	OLIVA, MARTHA		2.2 NAME			
STREET ADDRESS	335 OCEAN DRIVE		2.3 STREE	T ADDRESS		
CHTY-ST-ZIP	MIAMI BEACH FL 33139		2 4 CITY	ST-ZIP		
TITLE		☐ DELETE	3 1 THTLE			Change Addition
NAME			3.2 NAME			, ,
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4. CITY	-ST-ZIP		
TITLE		DEFELE	4.1 TITLE			Change Addition
NAME			4. 2 NAME		60000219981	7 6
STREET ADDRESS			4.3 STREE	T ADDRESS	60000219987 -06/03/970106202	3
CITY-ST-ZIP			4.4 CITY -	ST-ZIP	***165.00	.•
TITLE		DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			<i>M</i> .
STREET ADDRESS			5.3 STREE	T ADDRESS		NDILL
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		5100
TITLE		☐ DELETE	61 TITLE			Change Addition
NAME (1)	. Š.		62 NAME			
STREET ANNAFSS			C O CTREC	* *DD00000		

14. I do hereby 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 supplomental 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.