Amended $61.25

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 SEP 15 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000066321

1. Corporation Name
DISTRICT ART DECO RENTALS Support Services, Inc.

Principal Place of Business
335 OCEAN DR.
MIAMI BEACH
FL. 33139.

Mailing Address
7601 E. TREASURE DR. 2315
NORTH BAY VILLAGE, FL. 33141

3. Date Incorporated or Qualified: 3-8-93
3a. Date of Last Report: 5-1-97

2. Principal Place of Business
21: 335 OCEAN DRIVE
22 Suite, Apt. #, etc.: #100
23 City & State: MIAMI BEACH, FLORIDA
24 Zip: 33139
25 Country: U.S.A.

2a. Mailing Address
26: 7601 E. TREASURE DR.
27 Suite, Apt. #, etc.: # 2315
28 City & State: NORTH BAY VILLAGE, FL.
29 Zip: 33141
30 Country: U.S.A.

4. FEI Number: 65-0410458.1 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES, FL. 33134

10. Name and Address of New Registered Agent

81 Name: MARTHA OLIVA
82 Street Address (P.O. Box Number is Not Acceptable): 7601 EAST TREASURE DR. apt. 2315
83: NORTH BAY VILLAGE 33141
84 City: FL 85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: MARTHA OLIVA — Martha Oliva — 9-12-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, TREASURER. TERESA DE ALVA 15355 S.W. 76 TERR. # 205 MIAMI, FL. 33193	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT-TREASURER MARTHA OLIVA 7601 E. TREASURE DR. 2315 NORTH BAY VILLAGE, FL. 33141	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. MARTHA OLIVA 335 OCEAN DR. MIAMI BEACH, FL. 33139	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY, DIRECTOR JOSEPH OLIVA 7601 E. TREASURE DR. 2315 NORTH BAY VILLAGE, FL. 33141	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	700002281857--2 -09/02/97--01014--004 *****35.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	700002281857--2 -09/16/97--01019--033 *****26.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	TLL SEP 15 1997	☐ Change ☐ Addition

CR2E034 (9/96)

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 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: Martha Oliva MARTHA OLIVA 9-12-97 305-532-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #