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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000076350 (3)

1. Corporation Name
C.M.L. INTERIOR DESIGN, CORP.

Principal Place of Business
19450 NW 6 ST.
PEMBROKE PINES FL 33029

Mailing Address
19450 NW 6 ST.
PEMBROKE PINES FL 33029-3249



2. Principal Place of Business
21 19450 NW 6 ST
Suite, Apt. #, etc.

2a. Mailing Address
26 SAME AS ABOVE
Suite, Apt. #, etc.

22 City & State
23 PEMBROKE PINES

27 City & State
28

24 Zip
33029

29 Country
BROWARD

3. Date Incorporated or Qualified
09/13/1996

3a. Date of Last Report
N/A

4. FEI Number
65-0712872

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
DIAZLAY, LUIS
19450 NW 6 ST.
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name
DIAZLAY, LUIS

82 Street Address (P.O. Box Number is Not Acceptable)
19450 NW 6 ST

83 City
PEMBROKE PINES FL

84 State
FL

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
LUIS DIAZLAY

Registered Agent Signature (required when reinstating)

DATE
3/1/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
DIAZLAY, LUIS
19450 NW 6 ST.
PEMBROKE PINES FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
DIAZ, CATALINA
2993 SW 16 TER.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
DIAZLAY, MARIA M
19450 NW 6 ST.
PEMBROKE PINES FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
- DIAZLAY, LUIS

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LUIS DIAZLAY
CATALINA DIAZ
MARIA M. DIAZLAY

DATE
3/1/97
954 431-1377

CR2E034 (9/96)