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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082797 (7)

INNOVATIVE CONTRACT FURNISHINGS, CORP.

Principal Place of Business Mailing Address 12010 PINE NEEDLE LN. 12010 PINE NEEDLE LN. MIAMI FL 33156 MIAMI FL 33156-5721 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1996 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Ζφ 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CARDONA, MARIBEL 12010 PINE NEEDLE LN. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 84 City Zip Code 85 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, Typest or printed han elef registered agent and title 4 applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 986 12 13. DELETE 1.1 TITLE Change Addition TILE CARDONA, MARIBEL NAME **1.2 NAME** 2E034 12010 PINE NEEDLE LN. STEEL ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33156** 1.4 CITY-ST-ZIP CHY-ST-7/P DELETE Addition Change 2.1 TITLE NAME 22 NAME 23 STREET ADDRESS SCREET ADDRESS CITY- \$1 - 7-2 2 4 City-St-ZIP DELETE Change Addition 3.1 TITLE 1.114 3.2 NAME NAME STEEL LADORESS 3.3 STREET ADDRESS 34, CITY-ST-ZIP CIEY - ST - 7IP DELETE Change Addition TRUE 4.1 T/TLE NAM 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS 44 CITY-ST-ZIP C115'- \$1 - 20' DELETÉ Change Addition 51 TITLE THE 5.2 NAME 5.3 STREET ADDRESS STREET ALIGNESS 5.4 CITY-ST-ZIP CHY+S1-7P DELETE Addition 6.1 TITLE Change TOTAL NAME 6.2 NAME STREET ADDRESS 6.3 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 path; 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

hanged, or on an attachment with an address