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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000012829 (2)

R & R INTERIORS WORKROOM, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 335 NE 59 TEBR MIMMI FL 33167 MIANI FL 33137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/07/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4029 N. MANI Ave. Sulte, Apt. #, etc. SAME 65-0728902 21 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 MIAMI Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No Zip Country Zip 7 25 リテム 29 Name and Address of Current Registered Agent 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent ROMERO, ROSEMARY KOSEMAC) 335 NE 59 TERR. 82 **MIAMI FL 33137** 83 City MIAMI Zip Code 3313 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. Rome To SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE NAME ROSEMAT 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-\$T-ZIP 1.4 CITY - S1 - ZIP DELETE Change ... Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City-St-ZiP DELETE ☐ Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 13 if changed, p. on an attachment with an address.

SIGNATURE: TO A MUST C

3-30-98

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