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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700066474 (2)

Country

25

DEMI INTERIORS INC.

| Principal Place of Busine | , |
|---------------------------|---|
| 7256 SW 8 ST. | |
| MIAMI FL 33144 | |

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Mailing Address

7256 SW 8 ST. MIAMI FL 33144

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

FILED Mar 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

X Yes

Not Applicable

3. Date Incorporated or Qualified

#65-0771616

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

07/31/1997

4. FEI Number

| | Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | |
|---|---|------------------------|--|--|
| NARDO, LEONEL | | | | |
| 7258 SW 8 ST. MIAMI FL 33144 | | | ddress (P.O. Box Number is Not Acceptable) | |
| | | | ioress (i .o. box realibor is not Acceptable) | |
| | | 83 | | |
| | | 84 City | 85 Zip Code | |
| | | 64 City | FL 63 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 Signature, typod or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DPS DELETE | 1,1 TITLE | ☐ Change ☐ Addition | |
| NAME | NARDO, LEONEL | 1.2 NAME | — • — · <u> </u> | |
| STREET ADORESS | 225 NW 57 CT. | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33144 | 1.4 CITY - ST - ZIP | | |
| TITLE | DELETE | 2.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | ; | |
| CiTY+ST-ZIP | | 2.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4. CITY - ST - ZIP | | |
| TITLE | DELETE | 4.1 TITLE | Change Addition | |
| NAME | | 4. 2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY - ST - ZIP | | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | | |
| TITLE | DELETE | 6.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |
| indicated | on this annual report or supplemental annual report is true and accur | rate and that my signa | in Section 119.07(3)(i), Florida Statutes. I further certify that the information at the same legal effect as if made under oath, that I am an an analysis by Chapter 607. Florida Statutes, and that my name appears in | |

Country

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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 attackment with an address.

SIGNATURE

President

January 8, 1998

(305) 261-6697