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

CORPORATION ANNUAL REPORT 1998



LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000098862 (0)

MICHELANGELO INTERIOR DECORATION & ARTWORKS INC

May 27 1998 8:00am Secretary of State

(VIIOTICE	MACEO INTERNOT BE	DOMATION & AM	WOI III.O,	1110		
Principal Place	of Business	Mailing Addres	Mailing Address			{
21210 CAINT AS	IDREWS BOULEVARD	21218 GAINT	21218 SAINT ANDREWS BOULEVARD SUITE 117 BOCA RATON FL 33433			
SUITE 117	IUNETTO DOUCEVAND					
BOCA RATON F	L 33433	BOCA RATON				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2. Principal Plac	na of Business	2a Mailing Adv	2a, Mailing Address			11/20/1997 4. FEI Number Applied For
21	JO OF Extornose	<u>-</u> γ	26			65 - 07 96 2 94 Noi Applicable
Suite, Apt. #.	etc.		Suite, Apt. #, etc.			S8 75 Additional
22		}~~-n	27			5. Certificate of Status Desired Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Z ip	Country	Zip	ļ	Country		8. This corporation owes or has paid the current year Intangible
24	25	29		30		Personal Property Tax due June 30. Yes No
	Name and Address of Cu	irrent Hegistered Agent		81	Name	10. Name and Address of New Registered Agent
	REAWYER			6'	ivanie	
343 /			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
COR	AL GABLES FL 33134			83		
			"			
					City	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607	0502 and 607 1508. Flo	rida Statuto	ns the above	a-named cor	poration submits this statement for the purpose of changing its registered.
office or reg agent. I am	p ister ed agont, or both, in the S f am iliar with, and accept the o	State of Florida. Such cha phigations of, Section 60	ange was a 7,0505, Flo	uthorized by orida Statutes	the corpora 3.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE _	gnature, typed or printed name of registing	of apent and little if applicable	(NOIC	Registered And	int signature redu	uireo when reinstating) DATE
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD		DELETE	1.1 TOTLE		Change Addition
NAME LAMBERT, MARGARETA V				1.2 NAME		
STREET ADDRESS	BOULEVARD	1.3 STREET ADDRESS		ADORESS		
CITY-ST-ZIP	80 CA RATON FL 33433	.	1.4 CITY - ST - ZIP		T-ZIP	
TITLE	V	X	DELETE	2.1 TITLE		Change Addition
NAME	ME ARSLANOGLU, GOKHAN			2.2 NAME		
STREET ADDRESS	21218 SAINT ANDREWS 8	BOULEVARD	EVARD 2 3 STREET ADDRES		ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433			2.4 CITY - S	31 - 2IP	
TITLE			DELETE	3.1 TITLE		Change Addition
NAME				3 2 NAME		
STREET ADDRESS				3 3 STREET	į	
CITY-ST-ZIP			N' CTC	3.4 CITY-5	ST - ZIP	Change Addition
						Change Addition
NAME				4. 2 NAME	- 1	
STREET ADDRESS				4.3 STREET		
CITY-ST-ZIP			DELETE	4.4 CITY-S	T · ZIP	Change Addition
TITLE		اليا	PETE	5.1 TITLE 5.2 NAME		
NAME				5.2 NAME 5.3 STREET	ADDRESS	
STREET ADDRESS						
CITY-\$1-ZIP TITLE			DELETE	5.4 CITY-S 6.1 TITLE	1-716	Change Addition
"		ا لــــا		6.2 NAME		
NAME STREET ADDRESS				63 STREET	ADDRESS	
פול בדי מוח				64 City-S	T-7IP	
44 I harabu sa	rtify that the information supplie	ed with this filing does no	ot qualify fo	v the exemp	tion stated in	n Section 119.07(3)(i), Florida Statutes, I further certify that the information
indicated or officer or di	a Mala as a unitropret de autrologi	iental annual report is tru receiver or trustee emp	ie and acci owered to e	Jiroto and th	at my connai	ure shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in