FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE May 20 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT 1. Corporation Name Interiors IN THE RESERVE TO BE Principal Place of Business Mailing Address 3441 NE 170 ST North Ma. Beh. NE 170 ST. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified North Miani Beach, PC 33160 11/14/197 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-079880 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Cindy R. Brombers 3441 NE 170 Street Street Address (P.O. Box Number is Not Acceptable) North Miami Beacs 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 12 13. TITLE DELETE 1.1 TITLE ___ Addition Cindy & Bromberey NAME 1.2 NAME 3441 NE MO Street STREET ADDRESS 1.3 STREET ADDRESS Miami Beach FL 33160 CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE Addition 2 1 TITLE ☐ Change NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE ☐ Change ☐ Addition NAME 3 2, NAME STREET ADDRESS 3.1 STREET ADDRESS CITY-ST-ZIP TITLE DELITE Change Addition 8 : 900 NAME 4. 2 HAME STREET ADDRESS 4 JUSTREET ADDRESS CITY-ST-ZIP 4.4 CiTY+S1+7iP DELETE TITLE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY - ST - ZIP 000002533380 Change TITLE DELETE 6.1 TITLE NAME 6.2 NAME -05/22/98--01073--006 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I 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:

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964 929 9700