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 # P97000100989 (7)

ANN RUBINO INTERIOR DECORATOR, INC.

FILED Feb 25 1998 8:00am Secretary of State

| Principal Place of Business | Mailing A | ddress | • | | - 1 1000/1000 1 110 100/11 600/11 00/11 00/11 | |)(0) 1 0 110 1011 1001 | |
|---|--|-----------------|---------------------------|---|---|----------------------------|-----------------------------------|--|
| 5430 RIVIERA DR 5430 RIVIERA DR | | | | | | | | |
| CORAL GABLES FL 33146 CORAL GABLES FL 33144 | | | | | | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | | | |
| 0.00 | | | | | 11/25/1997 | TA. | AT: | |
| 2. Principal Place of Business | — — · | g Address | | | 4. FEI Number | <u> </u> | Applied For | |
| Suite, Apt. #, etc. | 26 | Apt #, etc. | | | | | Not Applicable | |
| | — — · | Apr #, etc. | | | 5. Certificate of Status Desired | | 75 Additional se Required | |
| City & State | 27 | State | | | 6. Election Campaign Financing | | .00 May Be | |
| 23 | 28 | | | | Trust Fund Contribution | | Ided to Fees | |
| Zip | Country Zip | 7 | Country | · | 8. This corporation owes or has pa | | | |
| 24 25 | 29 | 30 | - | | Personal Property Tax due June | Pro | ▲ No | |
| | Address of Current Registered A | | | | 10. Name and Address of New Re | gistered Agent | | |
| RUBINO, FRANK | A | | 81 | Name | | | | |
| 2801 S BAYSHORE DR, STE 1400 | | | 82 | Street Addre | Address (P.O. Box Number is Not Acceptable) | | | |
| COCONUT GROVE FL 33133 | | | | Sirect Flags | out (.e. bear to the to the place | ,,,,, | | |
| | | | B3 | | | | | |
| | | | 84 | City | | 85 | Zip Code | |
| | | | | City | | FL [∞] | 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 agont, or both, in the State of Florida Stuch 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, typud or pri | inted name of registers Lagrint and title daily plicat | ble (NOTE Regis | stered Age | nt signature require | d when reinstating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFIC | | | |
| FITLE PSTD | | DELETE 1 | .1 TITLE | | | ∐ Cha | ange | |
| NAME RUBINO, A | | 1 | 2 NAME | | | | | |
| STREET ADORESS 5430 RIVIE | | 1 | 3 STREET | ADDRESS | | | j | |
| | BLES FL 33146 | | A CITY-S | T-ZIP | | | | |
| TITLE | | | 2.1 TITLE | | | ☐ Cha | ange 🔲 Addition (| |
| NAME | | 1 | 2 NAME | | | | | |
| STREET ADORESS | | | 3 STREET | ŀ | | | i | |
| CITY-ST-ZIP | | | 4 CITY-S | IT-ZIP | | Cha | ange Addition | |
| TITLE | | | 1 TITLE | | | L., Cha | INDO CT MORRORI | |
| NAME PARKET ADDRESS | | | 2 NAME | *************************************** | | | ŀ | |
| STREET ADDRESS | | | 3 STREET | 1 | | | | |
| CITY-ST-ZIP TITLE | | | 34. CITY-S 31 Title | 1-217 | | Cha | ange | |
| 1 | | | 2 NAME | 1 | | | ingo | |
| NAME | | | | *************************************** | | | | |
| STREET ADDRESS | | | 3 STREET | į. | | | | |
| CITY-ST-ZIP TITLE | | | I.4 CITY-S 1 TITLE | 1-ZIP | | ☐ Cha | ange Addition | |
| NAME | | | 2 NAME | | | | | |
| STREET ADORESS | | | | ADDRESS | | | | |
| 1 | | 1 | 3 STREET | | | | ļ | |
| CITY-ST-ZIP TITLE | | | 5.4 CITY - S 5.1 TITLE | 1-214 | | ☐ Cha | ange Addition | |
| NAME | | | 2 NAME | | | | 7,00,000 | |
| STREET ADDRESS | | | 3 STREET | ADDRESS | | | | |
| 1 | | 1 | | ! | | | | |
| CITY-ST-ZIP | | 6 | 4 CITY-S | 1-ZIP | | w | | |

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 suppliemental 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, or on an altrachment with an address