

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90091 004 \*\*\*150.00

DOCUMENT # P98000009860

1. Corporation Name  
C M WALLPAPER PLUS, INC.

Principal Place of Business  
1020 NE 211 TERRACE  
NORTH MIAMI BEACH FL 33179-1305

Mailing Address  
1020 NE 211 TERRACE  
NORTH MIAMI BEACH FL 33179-1305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

65-0819797

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4807 N.W. 49 ROAD

2a. Mailing Address

26 4807 N.W. 49 RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tamarac, FL

City & State

28 Tamarac, FL

Zip

24 33319

Country

25 U.S.A.

Zip

29 333

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CARDOUNEL, CLARA M  
1020 NE 211 TERRACE  
NORTH MIAMI BEACH FL 33179-1305

10. Name and Address of New Registered Agent

81 Name RODRIGUEZ, CLARA M.

82 Street Address (P.O. Box Number is Not Acceptable)  
4807 N.W. 49 ROAD.

83 Tamarac, FL. 33319

84 City FL 85 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

CLARA M. RODRIGUEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARDOUNEL, CLARA M  
STREET ADDRESS 1020 NE 211 TERRACE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179-1305

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME RODRIGUEZ, CLARA M.  
1.3 STREET ADDRESS 4807 N.W. 49 RD.  
1.4 CITY-ST-ZIP Tamarac, FL 33319

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
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, with all other like empowered.

SIGNATURE:

CLARA M. RODRIGUEZ

3-17-99 (305) 968-7400

Date

Daytime Phone #

CR2E034 (11/98)