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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90259 028 ***150.00

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DOCUMENT # P9800	0046300	,	
Corporation Name			
INTERNATIONAL INTERIORS COL	LECTION, INC.		A CANADA MA ANNO ANNO ANNO ANNO ANNO ANNO ANNO
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Dringing Diago of Business	Mailing Address		

Principal Place	e of Business	Mailing Address			11901191		i) 69(((49))) alata allaa ()	111 6 6 111 6 6 11 1 1 6 6 7
4790 NE 11TH AVENUE OAKLAND PARK FL 33334 4790 NE 11TH AVENUE OAKLAND PARK FL 33334				DO NOT WRIT	E IN THIS SPACE			
					3. Date Incorp	orated or Qualifed		
					05/20/19			
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Numbe	r _		Applied For
21		26			し 5-1	0821717	<u> </u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate o	f Status Desired	1 1	Additional
22		27			3. Continuate o		ree	Required
City & State	e	City & State			l l	mpaign Financing	1 1	May Be
23	On the contract of the contrac		Count			Contribution		d to Fees
Zip	Country 25	— `	30	иу	8. This corpor	ation owes the curre	ent year intangible Sexes	□No
24	9. Name and Address of Curren	29 Registered Agent	30			Address of New Re		
	J. Harris aria / Laures of Carrer		8	1 Name	- 01	iller		
	EEN, JOAN W			32 Street A	ddress (P.O. Box Nur		bla)	
	IW 45TH AVE		'	Street A	1750 NE	J. Hie		
DEE	RFIELD BEACH FL 33442		1	33				
	,			14 City			85 Zi	p Code
				\perp 'O	akland :	とろって	FL 3	3334
11. Pursuant	to the provisions of Sections 60, 050 egistered agent of both in the state m tamiliar with and appent the obliga	2 and 607.1508, Florida St	tatutes, the abo	ove-named corpor	orporation submits thi	s statement for the pors. I hereby accept	purpose of changing the appointment as	its registered registered
agent. I a	m familiar with and accept the obligation	tions of, Section 607.0505,	, Florida Statut	es.	allon's board or direct		a aars	
SIGNATURE	* HUM	lser	Tom	11)://8/	L	NO ATT	74 1777	
40	Signature, typed or printed name of registered ager	nt and title if epsicable (NGTE: Registered A	gent signature rec	quired when reinstating)	CHANGES TO DEE	FICERS AND DIRECT	TORS IN 12
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		□ DELE						
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	772	□ DELETE	1.3 STRI 1.4 CITY	EET ADDRESS	Tom Mi	PACK F	<u>L 3333</u>	e Addition
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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 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 truylee 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: