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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90081 036 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P98000095495**1. Corporation Name

STREET ADDRESS

SIGNATURE

Block 12 or Block 13 if changed, or on

CITY-ST-ZIP

DANA'S ARTS & DESIGNS, INC.

Principal Place of Business 777 NW 72 AVE SHOWROOM 1B814		Mailing Address 777 NW 72 AVE SHOWROOM 1BB14					
					DO NOT WINTE IN THIS SPACE		
* *					3. Date Incorporated or Qualifed		ļ
					11/12/1998		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		plied For
21 26					65-087649		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22 27						Fee Re	quirea
City & State City & State					6. Election Campaign Financing	\$5.00	
23 28					Trust Fund Contribution	Added to	o Fees
Zip Country Zip		Zip	Country		8. This corporation owes the current year		⋰ !
24	. 25	29	30		Personal Property Tax.	□Yes	No_
1	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent	
				Name			
NATOUR, MOHAMMAD S			82	Stroot Add	dress (P.O. Box Number is Not Acceptable)		-
777	NW 72 AVE		04	Siree Add	STESS (F.O. DOX Notifiber is Not Noochtable)		
SHO		83	 				
MIAMI FL 33126			Ł			·	
			84	City		85 Zip C	Code
				<u> </u>	poration submits this statement for the purpose		registered
SIGNATURE	Signature, typed or printed name of registered ag		Registered Age	nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	OFFICERS AND DIRECTORS		1.1 TITLE	 -	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	NATOUR MOUALMAR O	DEELE					—
NAME	NATOUR, MOHAMMAD S		1.2 NAMÉ				
STREET ADDRESS	777 NW 72 AVE			T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP		 	[] Change	☐ Addition
TITLE	Ĺ	– J				[] Cliarige	
NAME	{		2.2 NAME				
STREET ADDRESS	.{		2.3 STREI	ET ADDRESS	•		
CITY-ST-ZIP	_		2.4 CITY-	ST-ZIP			
TITLE	☐ DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	<u></u>		
TITLE		DELETE	4.1 TITLE			Change_	Addition
NAME			4. 2 NAME		-		
STREET ADDRESS			4.3 STRF	ET ADDRESS			
1	i I		4.4 CITY-				
TITLE	-	□ DELETE	5.1 TITLE	OT FEIF		Change	Addition
	1	_ 55.00,12	5.2 NAME			5	
NAME				ET ADDRESS			
STREET ADORESS	,			·			
CITY-ST-ZIP	· · · · · ·	A S A S I BELETE	5.4 CITY- 6.1 TITLE			☐ Change	☐ Addition
TITLE		DELETE	6.2 NAME			Change	داملانموب ت
NAME	22.44 84, 22			1			
PERFECT ADDOCCO	,		■ 6.3 STRE	ET ADDRESS	•		

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 species or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

address, with all other like empowered.