


FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90022 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000098715

1. Corporation Name

ROBERT SAUVE INTERIORS, INC.

Principal Place of Business

6301 COLLINS AVE., #1905
MIAMI BCH FL 33141

Mailing Address

6301 COLLINS AVE., #1905
MIAMI BCH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc. ---

2a. Mailing Address

26

Suite, Apt. #, etc. ---

22. City & State ---

22

27. City & State ---

27

23. Zip Country

23

25

28. Zip Country

28

30

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐**\$5.00 May Be**
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAUVE, ROBERT
6301 COLLINS AVE., #1905
MIAMI BCH FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

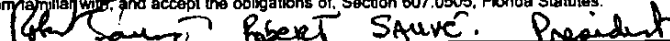
84 City

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



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 20, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
PRESIDENT
Robert Sauve.
6301 Collins Ave. apt 1905
Miami Beach, FL 33141
NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETENAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETENAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETENAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETENAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETENAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 April 20, 1999 (954) 927-6134
 Date Daytime Phone #

CR2E034 (1/98)