2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000109813 1. Entity Name ARCHITECTURAL DECOR, INC. 04-24-2001 90249 014 ***150.00 Principal Place of Business Mailing Address 8251 N.W. 50TH ST. 8251 N.W. 50TH ST. LAUDERHILL FL 33351 LAUDERHILL FL 33351 Mailing Address cipal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 65 - 0969 T Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name LAQUERRE. SYLVIO Street Address (P.O. Box Number is Not Acceptable) 3913 N. 30th way Hollywood, Fl. 33021 8251 N.W. 50TH-SI. AUDERHILL FL 33351 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. A Change ☐ Addition CR2E034 (10/00) TITLE ☐ Delete TITLE NAME LAQUERRE, SYLVIO NAME STREET ADDRESS STREET ADDRESS 8251 N.W. 50TH ST. CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33351 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 report of softhe corporation or the emental 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attach with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR