SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** S61559 (8)E.J.C. INTERIORS ENTERPRISES, INC. Principal Place of Business Mailing Address 14647 N.W. 27TH AVENUE 14647 N.W. 27TH AVENUE MIAMI FL 33054 MIAMI FL 33054 3. Date incorporated or Qualified 3a. Date of Last Report 06/19/1991 05/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0366544 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country This corporation has liability for intarigible tax under s. 199 032. 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FUENTES, EDGAR F. 14647 N.W. 27TH AVENUE 82 Street Address P.O. Box Number is Not Acceptable) **OPALOCKA FL 33054** 83 84 City Zip Code 11. Pursuant to the pr of 2 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered at Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered ations of, Section 607,0506, Florida Statutes. of Sections 607.05 office or register agent. I am lan SIGNATURE Sign and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)TITLE DELETE 11TITLE Change Addition NAME FUENTES EDGAR F. 1.2 NAME CR2E034 STREET ADDRESS 14647 N.W. 27TH AVE. 1.3 STREET ADORESS DITY-SE-ZIP OPALOCKA FL 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 21P TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TATLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS City-St-7iP 4 4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-ZiP 6.4 CITY - ST - Z:P 14. I do hereby certify that the information supplied with this further certify that the information indicated on this annual made under oath, that I am all officer or director of the co g is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it ation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and on an attachment with an address that my name appears in 681-3316 SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR