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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S61559

(8)

Mailing Address

E.J.C. INTERIORS ENTERPRISES, INC.

FILED
May 13 1997 8:00am
Secretary of State

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| 25 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 State City & State City & State City & State City & State 28 Street Address (P.O. Box Number is Not Acceptable) PUENTES, EDGAR F. 14647 N.W. 27TH AVENUE OPALOCKA FL 33054 City & State Trust Fund Contribution | Applied For Not Applicable |
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| 2a. Mailing Address 2b. Mailing Address 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt | Applied For Not Applicable |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. | , |
| City & State City & State City & State City & State 28 Country Zip Country Zip Country 29 30 FUENTES, EDGAR F. 14847 N.W. 27TH AVENUE OPALOCKA FL 33054 6. Election Campaign Financing Trust Fund Contribution Added Added Added Added Florida Statutes Formula Statutes No Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 TI Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE | Additional Required |
| Trust Fund Contribution Addersor Country Zip Country 8. This corporation has liability for intangible tax undo Florida Statutes Yes No 9. Name and Address of Current Registered Agent FUENTES, EDGAR F. 14647 N.W. 27TH AVENUE OPALOCKA FL 33054 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Z 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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNÁTURE | O May Be |
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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTL: Flugistered Agent signature required when reinstating) DATE | its registered as registered |
| Signature, typed or printed name or registered agent and title in applicable. (NOTE: hogistered Agent signature required when reinstating). URLE | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT | ORS IN 12 |
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| HAME FUENTES, EDGAR F. 12 NAME | |
| STREET ADDRESS 14647 N.W. 27TH AVE. | |
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| 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14 I do hereby certify that the information should with this filling does not qualify for the examption stated in Section 119 07/3V(). Florida Statutes I further certify the | e Addition |

no nereby 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 appear to 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 comprehence of the com