

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S65581** (8)

1. Corporation Name

ART-DECO SERVICES, INC.



Principal Place of Business

**3598 W. 14TH LANE
HIALEAH FL 33012**

Mailing Address

**3598 W. 14TH LANE
HIALEAH FL 33012**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

**ALAMO, MARIA
3598 WEST 14TH LANE
HIALEAH FL 33012**

3. Date Incorporated or Qualified

07/08/1991

3a. Date of Last Report

06/06/1995

4. FEI Number

65-0278054

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☒

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 607.1503, 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 of Registered Agent (if change from prior year, then required)

Signature of Registered Agent (signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PD	☒ DELETE
2. NAME	ALAMO, ARTHUR	
3. STREET ADDRESS	3598 W. 14TH LANE	
4. CITY-STATE-ZIP	HIALEAH FL	
5. TITLE	SD	☐ DELETE
6. NAME	ALAMO, MARIA	
7. STREET ADDRESS	3598 W. 14TH LANE	
8. CITY-STATE-ZIP	HIALEAH FL	
9. TITLE	VD	☐ DELETE
10. NAME	ALAMO, ROLAND	
11. STREET ADDRESS	3598 W. 14TH LANE	
12. CITY-STATE-ZIP	HIALEAH FL	
13. TITLE	TD	☐ DELETE
14. NAME	ALAMO, ROLANDO	
15. STREET ADDRESS	3598 W. 14TH LANE	
16. CITY-STATE-ZIP	HIALEAH FL	
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☒ Change ☐ Addition
2. NAME	ALAMO, ROLANDO	
3. STREET ADDRESS	3598 W. 14TH LANE	
4. CITY-STATE-ZIP	HIALEAH, FL	
5. TITLE	VD	☒ Change ☐ Addition
6. NAME	ALAMO, ARTHUR	
7. STREET ADDRESS	3598 W. 14TH LANE	
8. CITY-STATE-ZIP	HIALEAH, FL	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Rolando Alamo** **ROLANDO ALAMO** 1-18-96 (305-557-2549)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)