SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997 DOCUMENT # 1. Corporation Name

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

EPIS INTERIORS, INC.

Mailing Address

FILED Sep 16 1997 8:00am Secretary of State



| 10393 SW 88TH STREET APT. U 8 | 8161 N.W. 74 AVENUE Miami Fl 33166 | | i | | |
|---|---|--|----------------------|--|---------------------------------------|
| MIAMI FL 33173 US | | | | DO NOT WRITE | · |
| | | | | Date Incorporated or Qualified 12/06/1991 | 3a. Date of Last Report 11/12/1996 |
| 2. Principal Place of Business | 2a, Mailing Address | | | 4. FEI Number | Applied For |
| 21 5130 ELMHURST ROJG | 26 / O. /35× Z | 22201 | | 65-0201262 | Not Appl cable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred |
| City & State | City & State | 0 | _ [| 6. Election Campaign Financing | \$5.00 May Be |
| 23 West Pain Beyon | 28 WEST Parm | | A | Trust Fund Contribution | Added to Fees |
| Zip Country | Zip | Country | | 8. This corporation owes or has pai | ' ' |
| 24 33/47 25 Alm Bicky | 29 3 | 0] | | Personal Property Tax due June | |
| | r uadisrelan Wäsilf | 81 Name | | 10. Name and Address of New Reg | Jistered Agent |
| PERAZA, GELCYS | | C | AA | LOS A. RODAI | GU @ Z |
| 10393 S.W. 88TH STREET | | 82 Street | Addres | s (P.O. Box Number is Not Acceptable | e) |
| APT. U 8 | | 83 | 190 | ELMHURST K | (0 # G |
| MIAMI FL 33173 | | 03 | | | |
| | | 84 City | 57 | Pour Beach | 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 and the substance of Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE | | | | | 14197. |
| Stocker, West or mined pains of Factorical age | | Registered Agent signature | e required | witer reinstating) | UATE |
| 12. OFFICERS AND | DELETE | 13. | | ADDITIONS/CHANGES TO OFFICE | |
| NAME PERAZA, GELCYS | in period | 1 1 IFILE | 24 | PRESIDENT | FM cusude FT V100001 |
| 40000 OM 00 OTOFFT 104 4 | 1 0 | 1 2 NAME | 44 | RLOS A. KODRICTUR | 多 /- |
| ANALO PL AALTA | 0 | 1.3 STREET ADDRESS | 37. | PRESIDENT RIOS A. RODRIGUE TO ELMHURST/ EST POLM BEN | 20 1 4 |
| CITY-ST-ZIP MIAMI FL 331/3 | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | w | est form ben | Change Addition |
| NAME | E DECETE | 2.2 NAME | | | |
| STREET ADDRESS | | | | ı | |
| | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | | | Change Addition |
| NAME | bettere | 3.2 NAME | | 1 | Change C Andition |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 3.3 STREET ADDRESS | | | |
| TITLE | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | | Change Addition |
| NAME | | 4. 2 NAME | | | C Onlinge C Antollori |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | |
| | | | | i e | |
| CITY-ST-ZIP TITLE | DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | | | Change Addition |
| NAME | und Meters | 5.2 NAME | | | Creation Attaction |
| STREET ADDRESS | | 5.2 NAME 5.3 STREET ADDRESS | | | |
| | | | | | |
| CITY-ST-ZiP TITLE | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | | Change Addition |
| NAME | better | | | | C Sugarye C Moutton |
| STREET ADDRESS | | 6.2 NAME | | | |
| | | 6.3 STREET ADDRESS | | | |
| 14. I do hereby certify that the information supplied | with this filing does not qualify f | 6.4 CITY-ST-ZIP or the exemption s | l. tated in | Section 119 07(3)(i) Florida Statutos | I further certify that the |
| information indicated on this annual report or sull am an officer or director of the corporation of appears in Block 12 or Block 13 if changed of | applemental annual report is true The receiver or trustee empowere | e and accurate and ed to execute this r | i that m report a | y signature shall have the same legal | effect as if made under oath; that |

CARIOS A RODRIGUEZ