

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norman
Secretary of State
CONSUMER DEPARTMENT

APPROVED
AND
FILED

DOCUMENT # **V38650**

(0)

95 MAY -1 AM 8:13

1. Corporation Name

PIERRE INTERIORS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**8514 SW 24TH ST.
MIAMI FL 33155**

Mailing Address

**8514 SW 24TH ST.
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/26/1992

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
65-0346919

Applied For
Not Applicable

State, Apt., etc.

22

State, Apt., etc.

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

25

29

30

6. This corporation has liability for intangible tax under S. 199.04, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DJABAYANE, PIERRE
8514 SW 24TH ST.
MIAMI FL 33155**

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 607.1508, 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 with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

**D
DJABAYANE, PIERRE
9331 SW 7 LANE
MIAMI FL**

1. NAME

1. NAME

1. STREET ADDRESS

1. CITY

1. STATE

1. ZIP CODE

☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

**D
DJABAYANE, YVONNE
9331 SW 7 LANE
MIAMI FL**

2. NAME

2. NAME

2. STREET ADDRESS

2. CITY

2. STATE

2. ZIP CODE

☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

3. NAME

3. NAME

3. STREET ADDRESS

3. CITY

3. STATE

3. ZIP CODE

☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

4. NAME

4. NAME

4. STREET ADDRESS

4. CITY

4. STATE

4. ZIP CODE

☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

5. NAME

5. NAME

5. STREET ADDRESS

5. CITY

5. STATE

5. ZIP CODE

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.04(4), Florida Statutes. I further certify that this information is included in the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to make the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, if changed, on an attachment with an address.

SIGNATURE:

Pierre Djabayane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PIERRE DJABAYANE

4/29/95