

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

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

SEP 11 1994

SECRET OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G08009** (4)

1. Corporation Name
DYNASTY FURNITURE MANUFACTURERS, INC.

Principal Place of Business: **6130 N.W. 84 AVENUE MIAMI FL 33166 US**
 Mailing Address: **89705 W. 83RD STREET MIAMI FL 33173 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/05/1982** 3a. Date of Last Report: **08/09/1994**
 4. FET Number: **59-2265187** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contributor: \$5.00 May Be Added to Fees
 6. This corporation has liability for intangible tax under s. 196.04, Florida Statutes: Yes No

2. Principal Place of Business: **21 Same as Above** 2a. Mailing Address: **26 8970 SW. 83RD ST**
 Scale, Apt # etc: **22** State Apt # etc: **27**
 City & State: **23** City & State: **28 MIAMI, FL**
 Zip: **24** Zip: **25 33173** Country: **30 U.S.A.**

9. Name and Address of Current Registered Agent
MEDINA, JOSE
8970 S.W. 83RD STREET
MIAMI FL 33173

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 602 and 603 and 604, Florida Statutes, this office (name) corporation certifies 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 602, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1994	
NAME	PD MEDINA, JOSE E 8970 S.W. 83RD STREET MIAMI FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY & STATE		STREET ADDRESS	
ZIP		CITY & STATE	
NAME	VD MEDINA, SANDRA R. 8970 S.W. 83RD ST. MIAMI FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY & STATE		STREET ADDRESS	
ZIP		CITY & STATE	
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY & STATE		STREET ADDRESS	
ZIP		CITY & STATE	
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY & STATE		STREET ADDRESS	
ZIP		CITY & STATE	

14. I hereby certify that the information given is true and correct, and does not equal, for the exemption stated in Section 196.04(1)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and correct 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 execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block A, or Block A3 if changed, on an affidavit with an affidavit.

SIGNATURE: *Sandra R. Medina*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 306-5992-533