## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** FLORIDA DEPARTMENT OF STATE Jan 29 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G99983 (0)LE JEUNE UPHOLSTERY, INC. Principal Place of Business Mailing Address 7270 S.W. 42ND STREET 7270 S.W. 42ND STREET MIAMI FL 33155-4506 MIAMI FL 33155-4506 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/30/1984 2a. Mailing Address 4. FEI Number Applied For Principal Place of Business 59-2403342 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country This corporation owes or has paid the current year intangible Zip Country Zip Personal Property Tax due June 30. ☐ Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALVAREZ, OSMUNDO O. 1420 SW 19TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33145 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE 1.1 TITLE L Change TITLE CR2E034 1.2 NAME NAME ALVAREZ, GERARDO 10018 HAMMOCKS BLVD #203 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Addition Change DELETE TITLE 2.1 TITLE ALVAREZ, FERNANDO 2.2 NAME NAME **1420 SW 19TH STREET** 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL 2. 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE ALVAREZ, ALEJANDRO 3.2 NAME NAME 1420 SW 19TH STREET 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY - ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TITLE ALVAREZ, OSMUNDO 4. 2 NAME NAME 1420 SW 19TH STREET 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 51 TITLE ALVAREZ, CONSUELO 5.2 NAME NAME **1420 SW 19TH STREET** 5.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST - ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address. 1-21/98 SUCHE REQUIRED 305-261-4009

6.4 CMY-ST-ZIP

14. I hereby 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 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

CITY-ST-ZIP

SIGNATURE:

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