

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Dorinda B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY 11 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V71629** (2)

1. Corporation Name:

**HOME MART FURNITURE, INC.**

Principal Place of Business  
19914 NW 2ND AVE  
NORTH MIAMI FL 33169

Main Address  
19914 NW 2ND AVE  
NORTH MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/13/1992</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>65-0363446</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for unreported taxes under Chapter 190, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
24. Zip	25. Zip
29. Zip	30. Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAY, ROBERT R  
1221 BRICKELL AVE.  
SUITE 1040  
MIAMI FL 33131

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.01(1) 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 607.0535, Florida Statutes.

SIGNATURE

Name and Title of Officer or Director

Name and Title of Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
12.1. TITLE	PD	13.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2. NAME	MARTINEZ, WILSON	13.2. NAME	
12.3. STREET ADDRESS	5168 NE 6 AVE #415	13.3. STREET ADDRESS	
12.4. CITY & STATE	FT LAUDERDALE FL	13.4. CITY & STATE	
12.5. TITLE	SD	13.5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6. NAME	ADLER, ADELCE	13.6. NAME	
12.7. STREET ADDRESS	19914 N.W. 2ND AVE.	13.7. STREET ADDRESS	
12.8. CITY & STATE	NORTH MIAMI FL 33169-2904	13.8. CITY & STATE	
12.9. TITLE		13.9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10. NAME		13.10. NAME	
12.11. STREET ADDRESS		13.11. STREET ADDRESS	
12.12. CITY & STATE		13.12. CITY & STATE	
12.13. TITLE		13.13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14. NAME		13.14. NAME	
12.15. STREET ADDRESS		13.15. STREET ADDRESS	
12.16. CITY & STATE		13.16. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(1), Florida Statutes. I further certify that the information only filed was the annual report or supplementary annual report as from and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the officer or director who caused to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of the officers or directors of the corporation as required by Section 607.0535, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR