SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 11:17

DOCUMENT # 215250 (2)

1. Corporation Name
DELSON FURNITURE CO., INC.

Principal Place of Business	Mailing Address
4350 SW 75 AVE. MIAMI FL 33155 US	4350 SW 75TH AVE. MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1958
3a. Date of Last Report: 06/30/1994

2. Principal Place of Business
21: 1550 S. Dixie Hwy
22 Suite, Apt. #, etc.: 208 Suite
23 City & State: Coral Gables Fla
24 Zip: 33146
25 Country: Dade

2a. Mailing Address
26: 1442 Coruna Ave
27 Suite, Apt. #, etc.:
28 City & State: Coral Gables Fla
29 Zip: 33156
30 Country: Yabe

4. FEI Number: 59-0840579 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MENDELSON,HARRY ~~4350 SW 75TH AVE~~ ~~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 _____ DATE
Signature required when executing part 10 only. (NOTE: Registered Agent signature required when executing part 10 only.)

12. OFFICERS AND DIRECTORS		13.	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MENDELSON,HARRY	12 NAME	* Pres HARRY Mendelson
STREET ADDRESS	~~4350 SW 75 AVE.~~	13 STREET ADDRESS	1442 Coruna Ave
CITY ST ZIP	MIAMI FL 33155	14 CITY ST ZIP	Coral Gables Fla 33156
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	MENDELSON, BEATRICE	22 NAME	* Vice Pres Beatrice Mendelson
STREET ADDRESS	~~4350 SW 75 AVE.~~	23 STREET ADDRESS	1442 Coruna ave
CITY ST ZIP	~~MIAMI FL 33155~~	24 CITY ST ZIP	C. Gables Fla 33156
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harry Mendelson Harry Mendelson June 12/95 305 663 7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0681113 CP