AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1996

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

96 AUG -7 PM 1:22

SECRETARY OF STATE

DOCUMENT # 487734 (6)

Corporation Name

GENERAL FURNITURE MANUFACTURERS CORP.

Principal Place of Business	Mailing Address
7125 NW 8TH AVE MIAMI FL 33150	7125 NW 8TH AVE MIAMI FL 33150

21 2. Principal Place of Business	28 2a. Mailing Address	3. Date Incorporated or Qualified: 10/15/1975	3a. Date of Last Report: 07/07/1995
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc	4. FEI Number: 59-1625511	☐ Applied For ☐ Not Applicable
23 City & State	26 City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24 Zip / 25 Country	29 Zip / 30 Country	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

AMARO, MANUEL
4665 W 8 AVE
HIALEAH, FL
33012

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 86 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 where indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AMARO, MANUEL 4665 W 8 AV HIALEAH FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition P00001915417
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: Manuel Amaro August 6, 1996

Electronic Signature of Signing Officer or Director — Typed or Printed Name of Signing Officer or Director — Date

1201 Hays Street
Tallahassee, Fl 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 045792 Patricia Pyzik 8783A

AUTHORIZATION :

COST LIMIT : $ 225.00

ORDER DATE : August 7, 1996

ORDER TIME : 10:43 AM

ORDER NO. : 045792

CUSTOMER NO: 8783A

CUSTOMER: Noel Feinberg, Esq
Noel Feinberg, Esq
Suite 304b
12550 Biscayne Boulevard
North Miami, FL 33181

ANNUAL REPORT FILING

NAME: GENERAL FURNITURE
MANUFACTURERS CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michelle Bailey

EXAMINER'S INITIALS: A. Allen 8-7-96