

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # 557954 (5)

1. Corporation Name
CLASSFAB FURNITURE CORPORATION

Principal Place of Business
1401 SOUTH 30TH AVE.
HOLLYWOOD FL 33020

Mailing Address
1401 SOUTH 30TH AVE.
HOLLYWOOD FL 33020

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

9. Name and Address of Current Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84
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
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(3)(k), 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 addition.

SIGNATURE: Gretana Khaleel
SECRETARY/TREASURER
DATE: 4/4/95 (305) 923-0734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GRETANA KHALEEL

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:53

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/24/1978

3a. Date of Last Report
04/22/1994

4. FEI Number
59-1788665

5. Certificate of Status Desired
X \$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
X Yes [] No

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84
85 Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
[] Change [] Addition
[] Change [] Addition
[] Change [] Addition
[] Change [] Addition
[] Change [] Addition
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GRETANA KHALEEL