

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09518 (4)

1. Corporation Name

SUPRA-MATTRESS DISCOUNT CORPORATION.



Principal Place of Business

Mailing Address

6640 SW 40 ST
2120 S.W. 11TH ST.
C/O PEDRO ROJAS
MIAMI FL 33135-3315

2120 S.W. 11TH ST.
C/O PEDRO ROJAS
MIAMI FL 33135

3. Date Incorporated or Qualified
10/13/1980

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 6640 SW 40 ST
Suite, Apt. #, etc

26 6640 SW 40 ST
Suite, Apt. #, etc

22 City & State

27 City & State

23 MIAMI FL
Zip Country

28 MIAMI FL
Zip Country

24 33135 25 Dade

29 33135 30 Dade

4. FEI Number
59-2031560
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

ROJAS, PEDRO
2120 S.W. 11TH ST.
MIAMI FL 33135

81 Name

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

83 10861 SW 33 ST

84 City

MIAMI

FL

85 Zip Code
33167

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]

(NOTE: Registered Agent signature required when reinstating)

6/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME ROJAS, PEDRO
STREET ADDRESS 2120 S.W. 11TH ST.
CITY - ST - ZIP MIAMI FL

11 TITLE
12 NAME ☒ Change ☐ Addition

TITLE VD
NAME ROJAS, HYDEE
STREET ADDRESS 2120 S.W. 11TH ST.
CITY - ST - ZIP MIAMI FL

13 STREET ADDRESS 10861 SW 33 ST
14 CITY - ST - ZIP MIAMI FL 33167

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS 10861 SW 33 ST
24 CITY - ST - ZIP MIAMI FL 33167

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96

666-2727

CR2E034 (3/96)