FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F49013** **(8)**

1. Corporation Name

FRENCH FURNITURE IMPORTS, INC.

Principal Place of Business	Mailing Address
1201 US HWY 1 N.PALM BCH FL 33408	4255 NW 36 AVE MIAMI FL 33145

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **10/06/1981**

3a. Date of Last Report: **11/20/1995**

4. FEI Number: **59-2132038** ☐ 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

KUBIT, Donald E.
~~WARNER,JONTHAN H.~~
INTERNATIONAL PLACE
100 SE 2ND ST., 17TH FLOOR
MIAMI FL 33131-1101

10. Name and Address of New Registered Agent

81 Name: Donald E. KUBIT
82 Street Address (P.O. Box Number is Not Acceptable): INTERNATIONAL PLACE
83 100 S.E. 2ND ST. 17th FL.
84 City: MIAMI FL 85 Zip Code: 33131-1101

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: Donald E. Kubit DONALD E. KUBIT DATE: 3/28/96

Signature, typed or printed name of registered agent and date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DORN, LOUIS	
STREET ADDRESS	4255 NW 36 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	☐ DELETE
NAME	DE FOSSARIEU, ERIC DE LU	
STREET ADDRESS	4255 NW 36 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	DE POMPIGNAN, JACQUES	
STREET ADDRESS	4255 NW 36 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	DEAGOSTINI, PIERRE	
STREET ADDRESS	4255 NW 36 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	DEAGOSTINI, PIERRE	
STREET ADDRESS	3550 N MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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: X Pierre De Agostini 305-634-0887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number