## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F60685

(7)

TORINO FURNITURE WAREHOUSE, INC.

Principal Place of Business 14707 \$ DIXIE HWY MIAMI FL 33014 US		Mailing Address 14707 S DIXIE HWY MIAMI FL 33176-7927 US								
							3. Date incorporated or Qualified 12/24/1981		ate of Last Re <b>'08/1996</b>	∍port
21	ace of Business	2a. Mailing Address 26				×	4. FEI Number 59-2167455		No	plied For t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27]				5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State 23	2	City & State					Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Zip <b>24</b>	Country 25	Zip	29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Currer	t Registered Agent		1 2 1			10. Name and Address of New Re	gistered	Agent	
	io, justo a			81	Name	;				
	07 South dixie HWY MI, FL			82	Street	Addre	ss (P.O. Box Number is Not Acceptat	ole)		
MIAI	MI FL 33156			83					11 - 6	
				84	City			FL	85 Žip C	,ode
office or re agent. Fa	egistered agent, or both in the Stato in familiar with, and accept the oblig Signalia apod a punted rase of registeration	of Florida. Such change was ations of Section 607.0505, F ortune one chapticuble	authorize lorida Sta TE: Begistere	ed by tutes ed Age	the cor	rporatio	ration submits this statement for the pin's board of directors. I hereby accel	of the app	pointment as	registered
12.				13.		1	ADDITIONS/CHANGES TO OFFICE	ERS AN		
TITLE	· <del>-</del>	L DELETE 111							Change	Addition
NAME	AARE NI AARIL ANE			12 NAME						
STREFT ADDRESS	HIALEAH, FL 00000		<b>1</b>		13 STREET ADDRESS					}
CITY - S1 - 7IP				1.4 CHY+ST+ZIP 2.1 TITLE		-├			Change	Addition
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STREET ADDRESS										
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NAME				NAME						
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CITY-ST-7IP				HTY-S						
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STREET ADDRESS					ADDRESS					
						`				
CITY-ST-719 Title		DELETE	6.11	ITY-S	1 - LIP				Change	☐ Addition
+ 11K2	1	hand we are a file	٠			1				

6.4 CITY - ST - ZIP 14. Loc hereby cert/y that the information supplied with this filing 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 armost 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

6.3 STREET ADDRESS

**SIGNATURE:** 

NAME STREET ADDRESS

CITY-SI-ZP

SIGNATURE AND THE

305 2556660

**FILED** 

Jan 16 1997 8:00am

Secretary of State