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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G16689

(3)

IMPERIAL MATTRESS & FURNITURE, INC.

NC.

FILED Mar 04 1998 8:00am Secretary of State

| Will Elline With Theod & Formatione, 190-   |                                     |   |                               |                                       |                               |                    |                                 |   |                                  |                |                |  |
|---|-------------------------------------|---|-------------------------------|---------------------------------------|-------------------------------|--------------------|---------------------------------|---|----------------------------------|----------------|----------------|--|
| Principal Place of Business Mailing Address |                                     |   |                               |                                       |                               |                    | 110011                          | is asat main anta Aribi ibila (                   |                                  | 1831 SERIE CIE | ii albii ilbii |  |
| 6262 S.W. 8TH ST. 6262 S.W. 8TH ST.         |                                     |   |                               |                                       |                               |                    |                                 |   |                                  |                |                |  |
| MIAMI FL 33144-4810 MIAMI FL 33144-4810     |                                     |   |                               |                                       |                               | DO NOT V           |                                 |   | E IN THIS OF                     | 2405           |                |  |
|   |                                     |   |                               |                                       |                               |                    | 9 Data los                      | DO NOT WRITE<br>corporated or Qualified           | E IN INIS ST                     | ACE            |                |  |
|   |                                     |   |                               |                                       |                               |                    | 1                               | 2/1982  |                                  |                |                |  |
| 2 Principal f                               | Place of Busine                     | SS  | 2e M                          | ailing Address                        |                               |                    | 4. FEI Nun                      |   |                                  | TIA            | plied For      |  |
| 21  |                                     |   | 26                            |                                       |                               |                    |                                 | 244478  |                                  |                | t Applicable   |  |
| Suite, Apt                                  | #, etc.                             |   | Suite, Apt. #, etc.           |                                       |                               |                    |                                 |   |                                  | \$8.75         |                |  |
| 22  |                                     |   | 27                            | 27                                    |                               |                    | 5. Certifica                    | ate of Status Desired                             |                                  | Fee Re         |                |  |
| City & Sta                                  | te                                  |   | City & State                  |                                       |                               | 6. Election        | Campaign Financing              |   | \$5.00                           | May Ro         |                |  |
| 23  |                                     |   | 28                            |                                       |                               | I                  | and Contribution                |   | Added 1                          |                |                |  |
| Zip   | Country                             |   |                               | Zip Cour                              |                               | гу                 | 8. This corporation owes or has |   | paid the current year Intangible |                |                |  |
| 24  | 2                                   | 5   | 29                            |                                       | 30                            |                    |                                 | I Property Tax due June                           | h                                | , ·            | ] No           |  |
|   |                                     | nd Address of Curre                               | nt Register                   | ed Agent                              |                               |                    | 10. Name a                      | and Address of New Ro                             | egistered A                      | gent           |                |  |
| G   | ONZALEZ, ED                         | UARDO S.  |                               |                                       | В                             | Name               | BOARALO?                        | ADOLFINA  | Ŧ                                |                |                |  |
| 821 S.W. 61ST AVE.                          |                                     |   |                               |                                       |                               |                    |                                 | Number is Not Accepta                             |                                  | <del></del>    |                |  |
| MIAMI FL 33144                              |                                     |   |                               |                                       |                               |                    | 21 S.W.                         |   |                                  | _              |                |  |
|   |                                     |   |                               |                                       |                               | 3                  |                                 |   |                                  |                |                |  |
|   |                                     |   |                               |                                       | 8                             | 4 City             |                                 |   |                                  | leg Zin i      | Code           |  |
|   |                                     |   |                               |                                       | -                             |                    | MIAMI                           |   | FL                               | 1 2.3          | 3/44           |  |
| 11, Pursuant                                | to the provision                    | ns of Sections 607.05                             | 02 and 607.                   | 1508, Florida Statu                   | ites, the abo                 | ve-named           | corporation submit              | s this statement for the directors. I hereby acce | purpose of c                     | hanging it     | s registered   |  |
| office or<br>agent. I a                     | registered agei<br>am familiar with | nt, or both, in the Stat<br>.∡and a∈oopt the obli | e of Florida<br>uations of, S | Such change was<br>ection 607.0505. F | authorized t<br>Torida Statut | by the corp<br>es. | poration's board of             | directors. I hereby acce                          | pt the appo                      | ntment as      | registered     |  |
| SIGNATURE                                   | Xax                                 | Alina   | ِ ' <u>چ</u>                  | Hon al                                | an                            |                    |                                 |   | 2/27                             | 198            | i              |  |
| SIGNATURE                                   | Signature, typed or                 | printed sine of registered as                     | port and title it ar          | opiscable (NC                         | Pegistered A                  | gent signature     | required when reinstating)      |   | DATE                             | <del></del>    |                |  |
| 12.   |                                     | OFFICERS AN                                       | ND DIRECTO                    |                                       | 13.                           |                    |                                 | NS/CHANGES TO OFFI                                |                                  |                |                |  |
| TITLE                                       | DP                                  |   |                               | DELETE                                | 1.1 TITLE                     | l                  | OP                              |   | ı                                | Change         | ☐ Addition     |  |
| NAME  |                                     | z, eduardo s.                                     |                               |                                       | 1.2 NAME                      |                    | GONZAJEZ I                      | 4001FNA E   |                                  |                |                |  |
| STREET ADDRESS                              |                                     | 61ST AVE.   |                               |                                       | 1.3 STRE                      | et address         | 6215.W.                         |   |                                  |                |                |  |
| CITY-ST-ZIP                                 | MIAMI FL                            |   |                               |                                       | 1.4 CITY                      |                    | MIAMI FO                        | 1,33144   |                                  |                |                |  |
| TITLE                                       | VID                                 |   |                               | DELETE                                | 2.1 TITLE                     |                    | VTDC                            |   |                                  | Change         | Addition       |  |
| NAME  | l .                                 | Z, ADOLFINA E.                                    |                               |                                       | 2.2 NAME                      | .                  | GONZA162                        | EDVARDO F.  |                                  |                |                |  |
| STREET ADDRESS                              |                                     | 61ST AVE.   |                               |                                       | 2.3 STRE                      | T ADDRESS          | GRO S.W.                        | 61 Aru  |                                  |                |                |  |
| CITY-ST-ZIP                                 | MIAMI FL                            |   |                               |                                       | 2. 4 CITY                     | -ST-ZIP            |                                 | Cy 33144  |                                  |                |                |  |
| TITLE                                       | SD                                  |   |                               | DELETE                                | 3.1 TITLE                     |                    | 50                              |   | Ϊ[                               | Change         | Addition       |  |
| NAME  | GONZALE                             |   |                               |                                       | 3.2 NAME                      | .                  | GONZAKZ                         | MAYOA   |                                  |                | 1              |  |
| STREET ADDRESS                              | 1                                   | 61ST AVE.   |                               |                                       | 3.3 STRE                      | ET ADDRESS         | 621 S. W. 1                     | ol Auc.   |                                  |                |                |  |
| CITY-ST-ZIP                                 | MIAMI FL                            |   |                               |                                       | 3.4. CITY                     |                    | MIAMI FO                        | 2, 33/44  |                                  | <del></del>    |                |  |
| TITLE                                       | 1                                   |   |                               | DELETE                                | 4.1 TITLE                     |                    | 50                              | ,   | Ĺ                                | Change         | Addition       |  |
| NAME  |                                     |   |                               |                                       | 4. 2 NAM                      | E                  | GONZAICZ                        | AUBEL   |                                  |                |                |  |
| STREET ADDRESS                              |                                     |   |                               |                                       | 4.3 STRE                      |                    | 621 S.W.6                       |   |                                  |                |                |  |
| CITY-ST-ZIP                                 |                                     |   |                               |                                       | 4.4 CITY                      |                    | MIAMI FC                        | 33144   |                                  |                |                |  |
| TITLE                                       |                                     |   |                               | ☐ DELETE                              | 5.1 TITLE                     |                    |                                 |   | L                                | Change         | ☐ Addition     |  |
| NAME  | 1                                   |   |                               |                                       | 5.2 NAME                      | ļ                  |                                 |   |                                  |                |                |  |
| STREET ADDRESS                              |                                     |   |                               |                                       | 5.3 STRE                      | ET ADDRESS         |                                 |   |                                  |                |                |  |
| CITY-ST-ZIP                                 |                                     |   |                               |                                       | 5.4 CITY                      | ST-ZIP             |                                 |   |                                  |                |                |  |
| TITLE                                       |                                     |   |                               | ☐ DELETE                              | 61 TITLE                      |                    |                                 |   | [                                | Change         | Addition       |  |
| NAME  |                                     |   |                               |                                       | 6.2 NAME                      |                    | ,                               |   |                                  |                |                |  |
| STREET ADDRESS                              | ]                                   |   |                               |                                       | 6.3 STREE                     | T ADDRESS          |                                 |   |                                  |                |                |  |
| CITY-ST-ZIP                                 | ]                                   |   |                               |                                       | 64 CITY                       | ST-ZIP             |                                 |   |                                  |                |                |  |

14. I hereby certify 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 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:

& adolina & Hossales

2/27/98 (300) 262-75-10