Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G16689

IMPERIAL MATTRESS & FURNITURE, INC.

| Principal Place of Business |   |   |  |
|-----------------------------|---|---|--|
| 6262 S.W. 8TH ST.           | • |   |  |
| MIAMI EL 33144-4810         |   | - |  |

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

6262 S.W. 8TH ST. MIAMI FL 33144-4810

2a. Mailing Address

Suite, Apt. #, etc.

26

27

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90268 025 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated of Qualifed

5. Certificate of Status Desired

12/22/1982

59-2244478

4. FEI Number

| City-&-State  |  | 28                    | City & State    |   |                        | 6. Election Campaign Financing \$5:00 May Be Trust Fund Contribution Added to Fees |           |              |          |            |  |  |
|---|--|-----------------------|-----------------|---|------------------------|--|-----------|--------------|----------|------------|--|--|
| 23  | Country  | <del></del>           | <u> </u>        |   |                        | 8. This corporation owes the current year Intangible                               |           |              |          |            |  |  |
| Zip   |  | 29                    | Zip Country     |   | Personal Property Tax. |  | ∏ Yes     |              | No.      |            |  |  |
| 24  | 9. Name and Address of Current                       | <del>-  </del>        |                 |   |                        | 10. Name and Address of New Registered Agent                                       |           |              |          |            |  |  |
|   | s. Name and Address of Current                       | Registered Agent      |                 | 81  | Name                   | 10. Hame and Addites of their Registre   |           |              |          |            |  |  |
| GON   | ZALEZ, ADOLFINA                                      |                       |                 | "   | Humo                   |  |           |              |          |            |  |  |
| 621 SW 61 AVE   |  |                       |                 | 82 Street Address (P.O. Box Number is Not Acceptable) |                        |  |           | -            |          |            |  |  |
| MIAMI FL 33144  |  |                       |                 | 83  |                        | <u> </u>   |           |              |          |            |  |  |
| MIAMI FL 33144  |  |                       |                 | 83  |                        |  |           |              |          |            |  |  |
|   |  |                       | 84 City         |   |                        |  | 85 2      | Zip Cod      | e        |            |  |  |
|   |  |                       |                 |   |                        | ·  | <u>FĻ</u> | <u> </u>     |          |            |  |  |
| 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 application | (NOTE: Register | d Agen  | signature requ         | uired when reinstating) DA   | TE/       | -/           |          | _          |  |  |
| 12.   | OFFICERS AND   |                       | 13              | •   |                        | ADDITIONS/CHANGES TO OFFICER   | RS AN     | DIREC        |          |            |  |  |
| TITLE   | DP   |                       | ELETÉ 1.1       | TITLE   |                        |  |           | Char         | ige [    | Addition   |  |  |
| NAME  | GONZALEZ, ADOLFINA E                                 |                       | 1.2             | NAME  |                        |  |           |              |          | j          |  |  |
| STREET ADDRESS  | 621 S.W. 61ST AVE.                                   |                       | 1.3             | STREET  | ADDRESS                |  |           |              |          | [          |  |  |
| CITY-ST-ZIP   |  |                       | CITY-S1         | r-ZIP   |                        |  |           |              |          |            |  |  |
| TITLE   | VTDC   |                       | ELETE 2.1       | TITLE   |                        |  |           | ☐ Char       | nge (    | Addition   |  |  |
| NAME  | GONZALEZ, EDUARDO F                                  |                       | 2.2             | NAME  | 1                      |  |           |              |          | `          |  |  |
| STREET ADDRESS  | 620 SW 61 AVE  |                       | 2.3             | STREET  | ADDRESS                |  |           |              |          |            |  |  |
| CITY-ST-ZIP   | MIAMI FL 33144                                       |                       | 2.4             | CITY-\$   | T-ZIP                  |  |           |              |          |            |  |  |
| TITLE .   | _SD  |                       | ELETE 3.1       | inte.   |                        |  |           | ☐ Char       | nge      | ☐ Addition |  |  |
| NAME  | GONZALEZ, MAYDA                                      | •                     | 3.2             | NAME  |                        | • •  |           |              |          |            |  |  |
| STREET ADDRESS  | 621 S2 61 AVE  |                       | 3.3             | STREET  | ADDRESS                | to ·   |           |              |          |            |  |  |
| CITY-ST-ZIP   | MIAMI FL 33144                                       |                       | 3.4             | CITY-S  | T-ZIP                  | <b>,</b>   |           | ``           |          |            |  |  |
| TITLE   | SD   |                       | ELETE 4.1       | TITLE   |                        | <del></del>  |           | Char         | nge (    | Addition   |  |  |
| NAME  | GONZALEZ, ANGEL                                      |                       | 4.2             | NAME  | İ                      |  |           |              |          |            |  |  |
| STREET ADDRESS  | 621 SW 61 AVE  |                       | 4.3             | STREET  | ADDRESS                |  |           | •            |          |            |  |  |
| CITY-ST-ZIP   | MIAMI FL 33144                                       |                       | 4.4             | CITY-S  |                        |  |           |              |          |            |  |  |
| TITLE   | ,  | . 🗆 🗅                 | DELETE 5.1      | TITLE   |                        | SD   |           | Char         | ige (    | Addition   |  |  |
| NAME  | [+ , ,   |                       | 5.2             | NAME  |                        | GONZAIEZ, JOSE   |           |              |          | ļ          |  |  |
| STREET ADDRESS  |  |                       | 5.3             | STREET  | ADDRESS                | GONZAIEZ, JOSE<br>621 S.W. GIAM  |           |              |          |            |  |  |
| CITY-ST-ZIP   |  |                       | 5.4             | CITY-S1   | r-ZIP                  | MIAM; FC, 33144  |           |              |          |            |  |  |
| TITLE   |  |                       | ELETE 6.1       | TITLE   |                        | <del></del>  |           | Char         | nge [    | Addition   |  |  |
| NAME  |  |                       | 6.2             | NAME  |                        |  |           |              |          | ļ          |  |  |
| STREET ADDRESS  | •  |                       | 6.3             | STREET  | ADDRESS                |  |           | ,            |          |            |  |  |
| CITY-ST-ZIP   | · , .  | •                     | 6.4             | CITY-\$1  | r-ZIP                  |  |           |              |          |            |  |  |
|   |  |                       | 115 5 11        |   | <del></del>            | in Section 110 07/3/(i) Florido Statutos   furth                                   |           | £ . 41 - 4 4 | L - :- E |            |  |  |

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, with all other like empowered.

SIGNATURE:

(305) 262-75-10