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 # **G39251** **(5)**

1. Corporation Name

SHELLEY'S CUSHIONS MANUFACTURING, INC.

Principal Place of Business

3671 NW 52 ST
MIAMI FL 33142

Mailing Address

3671 NW 52 ST
MIAMI FL 33142

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

3. Date Incorporated or Qualified: **04/29/1983**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-2279853** ☐ 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

MOLLERA, RAUL
5610 SW 99 AVENUE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 or 620.1905, Florida Statutes, the above name for the above entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above entity is qualified to do business in Florida. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOLLERA, RAUL 5610 SW 99 AVENUE MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLLERA, ARACELIA 5610 SW 99 AVENUE MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1a NAME / 1b STREET ADDRESS / 1c CITY-ST-ZIP ☐ Change ☐ Addition

2 TITLE / 2a NAME / 2b STREET ADDRESS / 2c CITY-ST-ZIP ☐ Change ☐ Addition

3 TITLE / 3a NAME / 3b STREET ADDRESS / 3c CITY-ST-ZIP ☐ Change ☐ Addition

4 TITLE / 4a NAME / 4b STREET ADDRESS / 4c CITY-ST-ZIP ☐ Change ☐ Addition

5 TITLE / 5a NAME / 5b STREET ADDRESS / 5c CITY-ST-ZIP ☐ Change ☐ Addition

6 TITLE / 6a NAME / 6b STREET ADDRESS / 6c CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this 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 attached sheet, with an address.

SIGNATURE: RAUL MOLLERA 3-28-96 (305) 633-1790

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

RAUL MOLLERA