FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 29 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J60490** **(6)**

1. Corporation Name
PETE'S FURNITURE REUPHOLSTERING & PLASTIC COVERS CORP.

Principal Place of Business	Mailing Address
7525 N.W. 37TH AVENUE BUILDING D MIAMI FL 33147-5817	7525 N.W. 37TH AVENUE BUILDING D MIAMI FL 33147-5817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/02/1987**
3a. Date of Last Report: **04/29/1994**

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

4. FEI Number: **59-2776720** ☐ 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

BARRIOS, JOAQUIN
21452 NW 40 CT
MIAMI FL 33055

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 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 X _____ 3-15-95.
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE P.	☒ Change ☐ Addition
NAME	BARIOS, JOSE	12 NAME Barios, Jose	
STREET ADDRESS	21452 NW 40 CIR CT	13 STREET ADDRESS 5345 NW 173 DR	
CITY-ST-ZIP	CAROL CITY FL	14 CITY-ST-ZIP Carol city Fl. 33055	
TITLE	VP	21 TITLE VP	☒ Change ☐ Addition
NAME	BARRIOS, DELFINA	22 NAME Barrios, Delfina	
STREET ADDRESS	21452 NW 40TH CIRCLE CT.	23 STREET ADDRESS 5345 NW 173 DR	
CITY-ST-ZIP	CAROL CITY FL	24 CITY-ST-ZIP carol city. Fl 33055	
TITLE	T	31 TITLE T.	☒ Change ☐ Addition
NAME	BARRIOS, JOSE	32 NAME Barrios, Jose	
STREET ADDRESS	21452 NW 40TH CIRCLE CT.	33 STREET ADDRESS 5345 NW 173 Dr.	
CITY-ST-ZIP	CAROL CITY FL	34 CITY-ST-ZIP carol city. Fl. 33055	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME 900100144575	
STREET ADDRESS		43 STREET ADDRESS -03/31/95--01020--011	
CITY-ST-ZIP		44 CITY-ST-ZIP ****200.00 ****200.00	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME 3/29/95 MST	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 Jose Barrios 3-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0204483 CP