

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J82929 (7)

1. Corporation Name

FALLS HOME FURNISHINGS, INC.



Principal Place of Business

14241 S. DIXIE HWY
SUITE 444
MIAMI FL 33176
US

Mailing Address

900 PARK CENTRE
SUITE 444
MIAMI FL 33169
US

2. Principal Place of Business

2a. Mailing Address

21 9350 S. DIXIE HWY

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

MIAMI, FL

28

24

33156

Country

29

Zip

Country

25

30

3. Date Incorporated or Qualified

07/16/1987

3a. Date of Last Report

04/14/1995

4. FEI Number

59-2833896

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

10. Name and Address of New Registered Agent

SALEM, ERIC
14241 SOUTH DIXIE HIGHWAY
MIAMI FL 33158

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME SALEM, ERIC E.
STREET ADDRESS 13505 SW 104 TERRACE
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME SALEM, FLORENCE
STREET ADDRESS 13505 SW 104 TERRACE
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME SALEM, DAVID I.
STREET ADDRESS 7731 CENTER BAY DR
CITY-ST-ZIP N BAY VILLAGE FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME SALEM, ROBERT
3.3 STREET ADDRESS 15865 NW 7 ST.
3.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE T ☒ DELETE
NAME SALEM, VICTORIA R.
STREET ADDRESS 7731 CENTER BAY DR
CITY-ST-ZIP N BAY VILLAGE FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME PERELMUTER, RENEE
4.3 STREET ADDRESS 900 PARK CENTER BLVD, STE 444
4.4 CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC SALEM

4.24.96

3056210888

CR2E034 (12/95)