

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

- CORPORATION
ANNUAL REPORT
1995



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

APPROVED,
AND
FILED

DOCUMENT # K25290 (3)

1. Corporation Name

DESIGNERS CHOICE FURNITURE OF MIAMI, INC.

05 MAY - 1 11 9:37

CORPORATION
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
6905 NW 77TH AVE MIAMI FL 33166		6905 NW 77TH AVE MIAMI FL 33166	
21. Post Office Name & Number		26. Mailing Address	
22. Suite Apt. # or Off. # & Suite		27. Suite Apt. # etc	
23. City & State		28. City & State	
24. Zip	Country	Zip	Country
25.	29.	30.	
9. Name and Address of Current Registered Agent			
COFINO, PEDRO A. 407 LINCOLN RD S2B MIAMI BEACH FL 33139			
10. Name and Address of New Registered Agent			
81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL			

11. Pursuant to the provisions of Sections 607.007 (Incls. 1 and 607.1508) Florida Statutes, the above named corporation submits the 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 607.008, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)	
NAME	DPS	1.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAO, JAVIER	1.2. NAME	
STREET ADDRESS	6905 NW 77TH AVE	1.3. STREET ADDRESS	
CITY & ZIP	MIAMI FL	1.4. CITY & ZIP	
NAME		2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2. NAME	
STREET ADDRESS		2.3. STREET ADDRESS	
CITY & ZIP		2.4. CITY & ZIP	
NAME		3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2. NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY & ZIP		3.4. CITY & ZIP	
NAME		4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY & ZIP		4.4. CITY & ZIP	
NAME		5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY & ZIP		5.4. CITY & ZIP	
NAME		6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY & ZIP		6.4. CITY & ZIP	

14. I acknowledge, fully, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 607.008, Florida Statutes. I further certify that the information contained on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the recorder or notary empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 1 of the original or an affidavit filed with an addendum.

SIGNATURE: *Javier Chao*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/10/95 (306) 888-7106
0182976 CP