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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # K33267

(1)

J & M FURNITURE MANUFACTURING CORP.

Principal Place of Business	Mailing Address
616 W. 27TH STREET	616 W. 27TH STREET
HIALEAH FL 33010	HIALEAH FL 33010-1214

FILED May 12 1997 8:00am Secretary of State



}															
										 Date Incorpor 09/16/1988 			ate of Last R 01/1996	eport	
2.	2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Ap	pplied For	
21				26				65-00725	10		No	ot Applicable			
22	Suite, Apt	#, etc		27	Suite Apt. #, etc.					5. Certificate of \$	Status Desired		\$8,75 / Fee Re		
City & State					City & State					6. Election Camp	paign Financing		\$5.00	May Be	
23		28								Trust Fund Co	ntribution		Added		
	Zф		Country		Zip	Co	untry	,		8. This corporati	on has liability for i	intangible	tax under s	. 199.032,	
24		į.	25	29		30			Florida Statutes						
9. Name and Address of Current Registered Agent							T		1	0. Name and A	idress of New Re	gistered	Agent		
URRUTIA, JOSE A.							81	Name							
	616	W. 27TH S	T.				82	Ctroot A	ddrons	(D.O. Boy Numb	er is Not Acceptat	dol			
	HIAL	EAH FL 33	010				02	Street	ACICI 688	(F.O. BOX MUND	er is 140t Acceptar	неј			
The state of the s						83									
							84	City				p= c	85 Zip	Code	
							لــــــــــــــــــــــــــــــــــــــ	<u> </u>				FL			
11.	Pursuant I	to the provisi	ons of Sections 6	07.0502 and 60	07.1508, Florida Statu a. Such change was	ites, the	above	e-named	corpora	tion submits this:	statement for the p	urpose c	of changing it	ts registered	
	agent La	egisioreo agi m familiar wil	th, and accept the	solate of Floric obligations of	Section 607.0505, F	torida Sta	atutes	y me corp \$.	io aliuri	s poard or threett	ils. I nereby acce	or me app	JUHNING COS	registered	
S:G	NATURE														
		Signature, typed	or printed name of regis					ent signature i	required wi	hen reinstating)		DATE		······································	
12.			OFFICE	RS AND DIREC		13.				ADDITIONS/CH	IANGÉS TO OFFIC	ERS AN		***************************************	
Titti	F	PDD	1005 4		DELETE 1.								Change	Addition	
NAM	15	URRUTIA,				1.2	NAME			•					
STRE	EEL ADDIKESS	616 W 27 ST			1.3	STREET	ADDRESS								
CITY	- \$1 - 2iP	HIALEAH FL			1.4	CITY-S	ST - ZIP	•							
7/11		VSD DELETE			DELETE	2.1	2.1 TITLE						Change	Addition	
N.84.4			MARIO L.			2.2 NAME									
STRE	EET ADDRESS	DID W OT OT			2.3 STREET ADDRESS										
	- \$1 - ZiP	LHALEAU												i	
TITU					DELETE		2. 4 CITY-ST-ZIP 3.1 TITLE						Change	Addition	
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	SET ADDICHES						3.2 NAME 3.3 STREET ADDRESS								
	ţ														
	\$1 - 2 th				DELETÉ		TITLE	ST-ZIP					Change	Addition	
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NAM	•						NAME								
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	St 755						CITY - S	37-2IP					T-1 &:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Titul	t.				☐ DELETE		TITLE	1					Change	Addition	
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STR	EET ADORESS					53	STREET	F ADDRESS							
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HILI					DELETE	6.1	TITLE						Change	Addition	
NAM	46					6.2	NAME								
	SELADURESS					•		r address							
								ST - ZiP							
	4. Lide hereby certify that the information supplied with this filing does not qualify for the								ated in	Section 119 07/3	Vi) Florida Statute	e I furthe	or cortify that	the	

. Lide 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 are an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, or an attack the supplement with an address.

SIGNATURE:

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/47

305-888-1991 Daytime Phone #