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 APR 28 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L68839** **(4)**

1. Corporation Name
EASY CREDIT FURNITURE CORP.

Principal Place of Business	Mailing Address
~~% JOHNNY H. JARAMILLO~~ ~~4095 SW 137TH AVE. #11~~ ~~MIAMI FL 33175~~	~~% JOHNNY H. JARAMILLO~~ ~~4095 SW 137TH AVE. #11~~ ~~MIAMI FL 33175~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/27/1990	3a. Date of Last Report: 06/20/1994
4. FEI Number: 65-0189221	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1707 ½ N.Monroe	26 13933 SW 46 Terr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Apt. A
23 City & State: Tallahassee, FL	28 City & State: Miami, FL
24 Zip: 32303 25 Country	29 Zip: 33175 30 Country

9. Name and Address of Current Registered Agent

~~JARAMILLO, JOHNNY H.~~
~~4095 SW 137TH AVENUE~~
~~MIAMI FL 33175~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 13933 SW 46 Terr. #A
83
84 City: Miami, FL 85 Zip Code: 33175

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JARAMILLO, JOHNNY H.	12 NAME	
STREET ADDRESS	~~4095 SW 137TH AVE~~	13 STREET ADDRESS	13933 SW 46 Terr. #A
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	Miami, FL
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	JARAMILLO, JOSE F.	22 NAME	
STREET ADDRESS	~~4095 SW 137TH AVE~~	23 STREET ADDRESS	13933 SW 46 Terr. # A
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	Miami, FL
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
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: _____ 4-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date
Johnny H. Jaramillo, President

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