FILE NOW: FILING FEE AFTER MAY 1ST IS \$558,00

PROFIT CORPORATION ANNUAL REPORT

1**9**98

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1, Corporation Name L81180

CLASSIC FURNITURE NATURAL, INC.

(6)

FILED

Jun 30 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 3900 B NE 1ST AVE 3900 B NE 1ST AVE. MIAMI FL 33137 MIAMI FL 33137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/15/1990 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 3 AUE rme 65-0200399 Not Applicable Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intengible 24 29 30 Personal Property Tax due June 30. ☐ Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EWING, CATALINA 8775 PARK BLVD #107 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33172 83 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fig. da 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 Fiorida. Such playing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am applies with, and accept the objugations of, Section 607,0505. Florida Statutes SIGNATURE ure, typed or printed name of registered agent and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE NAME **E**WEING, CATALINA 1.2 NAME 8775 PARK BLVD #107 STREET ADDRESS 1.3 STREET ADDRESS **Mi**ami Fl CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 2.1 THILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CHTY-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP 70000257719Change DELFTE TITLE Addition 6.1 TITLE NAME 6.2 NAME **-07/**01/98---01028--0**1**5 STREET ADDRESS **6.3 STREET ADDRESS**

14. I 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 on 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 explore this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an absolute that my name address.

6.4 CITY-ST-ZiP

***150.00