SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L94218 (9)

1. Corporation Name

SUNSHINE STATE UPHOLSTERY SUPPLY, INC.

Principal Place of Business	Mailing Address
8407 NW 61 ST MIAMI FL 33166 US	P.O. BOX 174157 MIAMI FL 33017-4157 US

3. Date Incorporated or Qualified **08/20/1990**	3a. Date of Last Report **07/31/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc	Suite, Apt #, etc.
22	27
City & State	City & State
23	28
Zip — Country	Zip — Country
24 — 25	29 — 30

4. FEI Number **65-0213805** — 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

ALVAREZ ENRIQUE I
~~70 MILDRED DR~~
~~FT MYERS FL 33901~~

10. Name and Address of New Registered Agent

81	Name	ENRIQUE I. ALVAREZ
82	Street Address (P.O. Box Number is Not Acceptable)	10200 S.W. 40 STreet
83		
84	City	MIAMI — FL — 85 Zip Code 33165

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

TITLE	DP	☐ DELETE
NAME	ALVAREZ, ENRIQUE I.	
STREET ADDRESS	10200 SW 40 ST	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Sections 1.1–6.4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP blank; Change/Addition checkboxes unmarked)

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ENRIQUE I. ALVAREZ — 7/10/96 — 305-499-9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0146032 FP