

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAY -1 PM 1:34**

**DOCUMENT # M21754 (0)**

1. Corporation Name  
**TRENDSTYLE MODULAR FURNITURE, INC.**

Principal Place of Business      Mailing Address  
**3850 BIRD RD.**                              **3850 BIRD RD.**  
**MIAMI FL 33146**                              **MIAMI FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/10/1985**                              **05/01/1994**

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                                              Zip                                              Country                                      Country  
**24**                                              **25**                                              **29**                                              **30**

4. FEI Number                              Applied For  
**59-2671962**                              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  
**BARENBOIM, SARA**  
**207 POINCIANA ISLAND**  
**NORTH MIAMI BCH. FL 33160**

10. Name and Address of New Registered Agent  
**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City                                              **FL**      **B5** Zip Code

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 filer if applicable      (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>BARENBOIM, SARA</b>
STREET ADDRESS	<b>207 POINCIANA ISLAND</b>
CITY - ST - ZIP	<b>N. MIAMI BCH. FL</b>
TITLE	<b>V</b>
NAME	<b>BARENBOIM, JULIO</b>
STREET ADDRESS	<b>207 POINCIANA ISLAND</b>
CITY - ST - ZIP	<b>N. MIAMI BCH. FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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 110.07(3)(d), Florida Statutes. I further certify that the information is stated 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **JULIO BARENBOIM**      **4/21/95**      **(305) 444-8877**  
Signature and typed or printed name of signing officer or director      Date      Telephone Number