

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M45834**

(2)

1. Corporation Name

THE FURNITURE KING CO.



Principal Place of Business

**107 W. 24 ST
HIALEAH FL 33010**

Mailing Address

**107 W. 24 ST
HIALEAH FL 33010**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**FIGUEREDO, RAMON
107 WEST 24TH ST.
HAILEAH FL 33010**

3. Date Incorporated or Qualified

02/02/1987

3a. Date of Last Report

10/05/1995

4. FET Number

23-0528714

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

10. Name and Address of New Registered Agent

81 Name

JOSE VIDAL

82 Street Address (P.O. Box Number is Not Acceptable)

107 WEST 24 ST

83

84 City

HIALEAH

FL

85 Zip Code

33010

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

Jose Vidal
Signature, typed or printed name of registered agent and filer if applicable

1201 Registered Agent Signature Required when Resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **FIGUEREDO, RAMON.**
STREET ADDRESS **61 COLLINS AVE., #504**
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **JOSE VIDAL**
1.3 STREET ADDRESS **107 WEST 24 ST**
1.4 CITY - ST - ZIP **HIALEAH FL 33010**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **Jessica Michel**
2.3 STREET ADDRESS **6425 WEST 24 Ave #61**
2.4 CITY - ST - ZIP **HIALEAH FL 33016**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jose Vidal
Signature and typed or printed name of signing officer or director

3/19/96

Daytime Phone

CR2E034 (12/95)