

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90188 020 \*\*\*150.00

DOCUMENT # P92000009705

1. Corporation Name

FURNITURE & MATTRESS BY MAYLIN, INC.

Principal Place of Business

10520 24 S.W. 8TH STREET  
MIAMI FL 33174

Mailing Address

10520 24 S.W. 8TH STREET  
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1992

4. FEI Number

65-0373186

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 owes the current year Intangible  
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

GONZALEZ, MAYLIN  
5674 S.W. 114 AVE.  
COOPER CITY FL 33330

10. Name and Address of New Registered Agent

81 Name

Gonzalez, Maylin

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

16423 Segovia Circle South

83

84 City

Pembroke Pines

FL

85 Zip Code

33331

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

Maylin Gonzalez

Maylin Gonzalez - V.P.

4/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
GONZALEZ, MAYLIN  
STREET ADDRESS 16423 SEQUOIA CIR SO.  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE  
NAME D  
CHAVEZ, ISABEL  
STREET ADDRESS 16563 SEQUOIA CIR SO.  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Vice President ☒ Change ☐ Addition  
1.2 NAME Gonzalez, Maylin  
1.3 STREET ADDRESS 16423 Segovia Circle South  
1.4 CITY-ST-ZIP Pembroke Pines, FL 33331

2.1 TITLE President ☒ Change ☐ Addition  
2.2 NAME Chavez, Isabel  
2.3 STREET ADDRESS 16563 Segovia Circle South  
2.4 CITY-ST-ZIP Pembroke Pines, FL 33331

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Maylin Gonzalez, President

4/26/99

(305) 265-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0574329

CR2E034 (1/198)