

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:28

DOCUMENT # P93000003846 (1)

1. Corporation Name

U.S.A. GRANDMART FURNITURE INC.

Principal Place of Business

Mailing Address

**4850 N.W. 187 ST.
MIAMI LAKES FL 33014**

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MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/19/1993	3a. Date of Last Report 05/26/1994
4. FEI Number 05-0408200	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. 199.012 Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**FERNANDEZ, CARLOS L.
2121 PONCE DE LEON BLVD. #240
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. 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

Signature (agent or principal name of registered agent and the # of signature) 76311 Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	RODRIGUEZ, LAZARO S
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	VTD
NAME	RODRIGUEZ, BARBARA R
STREET ADDRESS	
CITY, ST, ZIP	
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, ETC.

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	10250 SW 56 ST # A203
14. CITY, ST, ZIP	MIAMI, FL 33173
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	10250 SW 56 ST # A203
24. CITY, ST, ZIP	MIAMI, FL 33173
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information furnished with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated in 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 its 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 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/1/95

305 66201565

Exempt 1110.0

CR2E034 (3/95)