SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT** 1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Sep 02 1997 8:00am Secretary of State

	MENT # P93000 GRANDMART FURNITURE I)			11/ 21 1/1 1 21 11 11/1 15/1 2 1	
Principal Plac	e of Business	Mailing Address		···	1 IBBIIODI IAB IBIIO EIFII BOIII BAAN BU	<u> </u>	
4850 N.W. 167 ST. 4850 N.W. 167 ST.							
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014							
					DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified	3a. Date of Last F	Report
· · · · · · · · · · · · · · · · · · ·					01/19/1993	08/05/1996	;
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		pplied For
21 26					65-0408200	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
City & State		City & Ptoto			Fee R	equired	
23		City & State		6. Election Campaign Financing		May Be	
Zip	Country	28 Zip		unto:	Trust Fund Contribution		to Fees
24	25 29		30			has paid the current year Intangible e June 30. Yes No	
<u>1</u>	g, Name and Address of Curren		[30]	<u> </u>	Personal Property Tax due June 10. Name and Address of New Re		
FF	RNANDEZ, CARLOS L	,	·	81 Name	10. 11	Prototod Agoitt	
* 2121 PONCE DE LEON BLVD. #240							
- OODAL GARLES FL-80484				82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
9	LQE LUNGET DRI	VE SUITE A.	2011	83			
ليمم			wy				
M	inni, FL. 33/73			84 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Sta	itutes, the a	bove-named cor	rporation submits this statement for the p		ts registered
Office of t	regi ste red agent, or both, in the State im f am iliar with, and accept the obliga	i ot Florida. Such change wa	is authorize	d by the corpora	ation's board of directors. I hereby accep	ot the appointment as	registered
SIGNATURE	•	,					ĺ
	Signature, typed or printed name of registered age		NOTE Registere	d Agent signature requ	uired whon reinstating)	DATE	
12.	OFFICERS AND	··	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PSD Rodriguez, Lazaro s	☐ DELETE	1.1 T(∐ Change	Addition 3
NAME	-10250 S.W: 56 STREET: #0-1	100 9485 SUPSOF	dR_ 12N				į
STREET ADDRESS			1.35	TREET ADDRESS			إ
CITY-ST-ZIP	MIAMI FL 33/73		1.4 G	ITY-ST-ZIP			
TITLE	RODRIGUEZ, BARBARA	DELETE	2.1 TI			Change	L
NAME	RODRIGUEZ, BARBARA 94-85 SANSOT OF		22 N				
STREET ADDRESS			<i>u</i>	TREET ADDRESS			
CITY-ST-ZIP	2		2 4 0	HTY-ST-ZIP			
TITLE			3.1 77			L Change	Addition [
NAME CTOCCT ADDRESS			3.2 N/				İ
STREET ADDRESS				FREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE		ITY-ST-ZIP	<u> </u>		T Name
		טנננונ	4.1 10			Change	Addition
NAME STORES ADDRESS			4.2 N	1			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	BCCETE		TY-ST-ZIP			4.4492	
TITLE NAME			1	i		L_J Change	☐ Addition
			5.2 NA	• •			
STREET ADDRESS				HEET ADDRESS			
CITY-ST-ZIP TITLE	D. D		TY-ST-ZIP		AL	14200	
		☐ DECC 10	6.1 TI			L Change	Addition
NAME CORES ADDRESS			6.2 NA				j
STREET ADDRESS				REET ADDRESS			ţ
CITY-ST-ZIP	or certify that the information supplied	d with this filips does not aw		TY-ST-ZIP	d in Costion 410 07/0V/3 Florid: Co. 4	Latination and the Control	

Information indicated on this annual report or supplied with this iming 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 is am an officer or director of the corporation of this 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 chapted, or or an attachment with an address.