FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APR
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95 MAY -1 PM 6:45
SEC. OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # **P93000012830 (4)**

1. Corporation Name
BRAEMAR FURNISHINGS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
509 OLD GRIFFIN ROAD DANIA FL 33004	509 OLD GRIFFIN ROAD DANIA FL 33004

3. Date Incorporated or Qualified: **02/26/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26: P.O. Box 1504
Suite, Apt. #, etc. — 27:
City & State — 28: DANIA, FL
Zip — 29: 33004 Country — 30:

4. FEI Number: **65-0390066** ☐ 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

9. Name and Address of Current Registered Agent

WYNINGS, RUSSELL P JR
509 OLD GRIFFIN ROAD
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name: Christina E. Gierlotka
82 Street Address (P.O. Box Number is Not Acceptable): 509 OLD GRIFFIN Rd
83:
84 City: DANIA FL 85 Zip Code: 33004

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: Christine E. Gierlotka DATE: 5/4/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WYNINGS, RUSSELL P	12 NAME	
STREET ADDRESS	800 N. OCEAN BLVD	13 STREET ADDRESS	
CITY ST ZIP	DELRAY BCH FL	14 CITY ST ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	GIERLOTKA, CHRISTINA	22 NAME	
STREET ADDRESS	1241 NE 8TH ST	23 STREET ADDRESS	
CITY ST ZIP	DELRAY BCH FL	24 CITY ST ZIP	
TITLE	DVDS	31 TITLE	☒ Change ☐ Addition
NAME	ERGIO, VEON	32 NAME	
STREET ADDRESS	1181 S. ROGERS CIR. #31	33 STREET ADDRESS	Delete
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	
TITLE	DV	41 TITLE	☒ Change ☐ Addition
NAME	ESADBAR, PEDRO	42 NAME	LUIS CORRALIZA
STREET ADDRESS	1181 S ROGER CIR. #31	43 STREET ADDRESS	50 N.W. 126 ST
CITY ST ZIP	BOCA RATON FL	44 CITY ST ZIP	MIAMI, FL 33168
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	WYNINGS, DONNA E.	52 NAME	
STREET ADDRESS	1181 S. ROGERS CIR. #31	53 STREET ADDRESS	Delete
CITY ST ZIP	BOCA RATON FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	SAMNR, GLEN	62 NAME	SERGIO LEON
STREET ADDRESS	1181 S. ROGER CIR #31	63 STREET ADDRESS	6465 W. 8TH AVE
CITY ST ZIP	BOCA RATON FL	64 CITY ST ZIP	HIALEAH FL 33012 CH

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: Russell P Wynings 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date
Russell P. Wynings
Daytime Phone # (305) 924-4244

00176200 CP