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

PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000020453 (5)

## MARIO'S UPHOLSTERY CORPORATION

Principal Place of Business Mailing Addres										A CATACON IN LOCATION AND SOUR SHIPL SHIPL SOUR STEEL STIES IN 1981						
1575 WEST 6TH AVE. HIALEAH FL 33010					1575 WEST 6TH AVE. HIALEAH FL 33010-2818											
									•		Date Incorporated or Qualified 03/18/1993	3a. Da	te of Li 23/19		port	
2.	Principal Pl	lace of Busin	ess	2a	2a. Mailing Address					4. FEI Number					plied For	_
21					26					65-0399097 Not A					t Applicab	le
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional						
22					27					Fee Required						
City & State					City & State					6. Election Campaign Financing \$5.00 May Be						
23				28						Trust Fund Contribution						
	Zip	Country			Z D Cou			ountry			8. This corporation has liability for intangible tax under s. 199.032,					
24	··-	25			29 30						Florida Statutes 🔲 Yes 🔀 No					
L			and Address of C	urrent Regis	stered Agent					10.	Name and Address of New Re	gistered /	igent	<del></del>		
		z, mayobai					81		Name .		•					
1575 WEST 6TH AVE. HIALEAH FL 33010							62	Street Address			ss (P.O. Box Number is Not Acceptable)					
	11076		010				83									
							84	7	City			FL	85	Zip C	ode	
11	Pursuant t	to the provision	ons of Sections 60	7.0502 and 6	007.1508, Florida Statu	ites, the	e above	l 9-n / th	named corpo	oratio	n submits this statement for the p xoard of directors. I hereby accep		chang ointme	ing its	registere	d
		m familiar wit	h, and accept the	obligations o	of, Section 607.0505, F	lorida l	Statute	3.	corporatio		outer of concentration of according	· · · · · ·		n 00	581010100	
SI	GNATURE	Signature typosis	or printed name of registe	red agent and title	e if sciplicable (NO	TE: Regis	stered Age	ant i	signature required	d when	reinstating)	DATE				-
12			OFFICER	S AND DIRE	CTORS	1	13.			7	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TOR	S IN 12	
711	Lć	PSTD			DELETE	1	.1 TITLE						Cha	ange	Additio	on
IvA.	ME	RUIZ, MAY	YOBANEY			1	2 NAME									
STI	STREEL ADDRESS 1575 WEST 6TH AVE.				1.3 \$1			AD	DORESS							
CIT	Y - ST - 7(P	HIALEAH	FL 33010			1	.4 CITY-S	T- 2	ZIP							
TIT	l F				☐ DELETE	2	1 TITLE		***************************************				Cha	ange	Additio	oπ
NA.	ME					2	2 NAME									
ST	REET ADDRESS					2	.3 STREET	AD	ODRESS							
CIT	ry-ST-7iP					2	. 4 CITY-!	57-	-ZIP	**	•	1.75			*	
711					DELETE		.1 TITLE					1	Cha	ange	Additio	on
NA.	ME					3	.2 NAME									
ST	REE1 ADDRESS					3	.3 STREET	AD	DORESS			*15				
CF	TY-\$T-7IP					3	.4 CITY-	ST-	ZIP	-						
717					☐ DELETE		.1 TITLE						Cha	ange	Additio	on
-NA	ME.					4	. 2 NAME									
ST	REET ADDRESS					14	.3 STREET	ΑD	DDRESS							
l	Y-\$1-7IP					- 1	.4 CITY-5									
7117					DELETE		.1 TITLE	-	***				☐ Cha	ange	Additio	on
NA NA					_	- 1	2 NAME							-		
l	REET ADDRESS				٠	1	.3 STREET	ΔΠ	ndress							
i	Y - \$1 - ZIP						.4 CITY-S									
TIT	***************************************				☐ DELETE		.4 GHT-8		LIT				☐ Cha	ange	Additio	
NA							2 NAME		,				V/II	9-7	street 7 to sectify	
l	REFT ADDRESS						.3 STREET	ΔD	IDRESS							

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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