

APPROVED
AND
FILED

95 JUL 27 PM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001550447

-08/01/95--01054--014

***225.00 ***225.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT -1994- 1995		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 95 JUL 27 PM 9:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name ORIGINAL FURNITURE, INC.		DOCUMENT # P93000025060 (3)			
Mailing Address 2170 W. 10TH COURT HIALEAH FL 33010 1632 West 32nd. Place Hialeah, Florida 33012		Principal Place of Business 2170 W. 10TH COURT HIALEAH FL 33010 1632 West 32nd. Place Hialeah, Florida		700001550447 -08/01/95--01054--014 *****225.00 *****225.00 DO NOT WRITE IN THIS SPACE	
2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified 03/29/1993	
21		2a		3b. Date of Last Report November 11/94	
22		2b		4. FEI Number 65-0407206	
23		2c		5. Certificate of Status Desired \$8.75 Additional Fee Required	
24		2d		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
25		2e		7. Nonprofit Exempt from \$138.75 Supplemental Fee	
26		2f		8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	
27		2g		9. Name and Address of Current Registered Agent VELAZQUEZ-----HIALEAH FL 33010 2170 W. 10TH COURT HIALEAH FL 33010	
28		2h		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 FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.					
12. OFFICERS AND DIRECTORS 1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME					
13. CHANGES TO OFFICERS AND DIRECTORS IN 12 1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME					
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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 have filed all obligatory documents and reports properly imposed by Chapter 217, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: ORLANDO CRESPO, PRESIDENT, MAY 19/95 (305) 364-0010 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					