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

APPROVED AND FILED

95 MAY -1 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029657 (2)

1. Corporation Name
FUTON FACTORY, INC.

Principal Place of Business	Mailing Address
10045 NW 46 St. #104 Miami, FL 33174	10045 NW 46 St. #104 Miami, FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/22/93	05/01/94

2. Principal Place of Business	2a. Mailing Address
21 3862 Alcantara Ave.	20 3862 Alcantara Ave.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Miami, FL	28 City & State: Miami, FL
24 Zip: 33178 25 Country: DADE	29 Zip: 33178 30 Country: DADE

4. FEI Number: 65-0404128 ☐ 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	10. Name and Address of New Registered Agent
IRELA LOPEZ 10045 NW 46 Street #104 Miami, FL 33174	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 3862 Alcantara Ave. 83 84 City: Miami FL 85 Zip Code: 33178

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: D/P/S IRELA LOPEZ 10045 NW 46 ST. #104 Miami, FL 33174	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP: ☒ Change ☐ Addition 3862 Alcantara Ave. Miami, FL 33178
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP: ☐ Change ☐ Addition 800001484938 -05/12/95--01010--003 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP: ☐ Change ☐ Addition T15, 5/10/95

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: IRELA LOPEZ 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #