

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

MAY 19 11:10:15

DOCUMENT # P93000043213 (6)

1. Corporation Name

CUTLER RIDGE UPHOLSTERER'S, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10715 SW 190TH ST
BAY 31
MIAMI FL 33157
US

Mailing Address

10715 SW 190TH ST
BAY 31
MIAMI FL 33157
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

06/18/1993

3a. Date of Last Report

07/06/1994

4. FEI Number

65-0418525

Applied For

19.9 Acquisition

5. Certificate of Status (Required)

\$8.75 Additional
Fee Required

6. Director Campaign Financing
Trust Fund Contributions

\$5.00 May Be
Added to Fees

8. The corporation has liability for advertising for under \$1,000 for
any election

2. Principal Place of Business

21

2a. Mailing Address

26

3. State of Incorporation

22

3a. State of Incorporation

27

4. City or Town

23

4a. City or Town

28

5. Zip

24

5a. Zip

25

5b. Zip

29

5c. Zip

30

9. Name and Address of Current Registered Agent

CASABONA, NOEL
10715 SW 190TH ST
BAY 13
MIAMI FL 33157

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address, P.O. Box, Apartment, R.F.D., or Post Office

B3

B4 City

FL

B5 Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of this state at the time of filing this report.

Signature of Officer or Director

12. Name and Address of Registered Agent

D
CASABONA, NOEL
10715 SW 190TH ST., BAY 31
MIAMI FL

13. Name and Address of Registered Agent

14. I, the undersigned, certify that the information supplied with this report is a true and correct statement of the corporation's financial condition as of the date of the report, and that the information is true and correct to the best of my knowledge and belief, and that I am a resident of this state at the time of filing this report.

SIGNATURE:

Noel Casabona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95 305-253-6223