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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000063930 (0)

MICA FURNITURE MANUFACTURING INC.

+ NIME TONIN CT	incipal Place of Business	Mailing Address
	11 N.W. 72ND ST. NAMI FL 33150	511 N.W. 72ND ST. Miami Fl 33150

FILED May 15 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	3					
511 N.W. 72ND ST. 511 N.W. 72ND ST. MIAMI FL 33150 MIAMI FL 33150					DO NOT WRITE IN 1	THIS SPACE		
						3. Date Incorporated or Qualified	THIS SI NOC	
						09/14/1993		
2 Principal Pi	lace of Business	2a. Mailing Addi	ress			4. FEI Number		Applied For
21	iace or business	26	030			65-0435882	\longrightarrow	lot Applicable
Suite, Apt.	# etc	Suite, Apt. #	. etc.				¢9.75	Additional
22	, J.	27				5. Certificate of Status Desired	. , .	Required
City & State	e	City & State				6. Election Campaign Financing	\$5.00) May Be
23		28				Trust Fund Contribution		to Fees
Žip	Country	Zip		Country		8. This corporation owes or has paid th	e current year li	ntangible
24	25	29	30			Personal Property Tax due June 30.	☐ Yes	□ No
	9. Name and Address of	Current Registered Agent				10. Name and Address of New Registe	ered Agent	
BA	DRI, DEOKISSON			81	Name			
	1 N.W. 72ND ST.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	AMI FL 33150					, in the second of the second		
				83				
				84	City		DE 7ur	Code
				04	City		FL 85 Zig	Code
office or r	egistered agent or both in the	e State of Florida. Such char	noe was auth	norized by	the corpora	poration submits this statement for the purpo ation's board of directors. I hereby accept the	e appointment a	s registered
-	m familiar with, and accept the	e obligations of, Section 607	.0505, Florida	ia Statutes.				
SIGNATURE	m familiar with, and accept the Signature, typed or printed name of regis		.0505, Florida				ATE	
SIGNATURE	Signature, typed or printed name of region	bried agent and title if applicable. RS AND DIRECTORS	.0505, Florida (NOTE Re			uired when reinstaling) D ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	
SIGNATURE	Signature, typed or printed name of reginal OFFICE	bried agent and title if applicable. RS AND DIRECTORS	.0505, Florida	egistered Agen				
SIGNATURE	Signature, typed or printed name of reg- OFFICE PTS BADRI, DEOKISSON	bried agent and title if applicable. RS AND DIRECTORS	.0505, Florida (NOTE Re	egistered Agen			S AND DIRECTO	
SIGNATURE 12.	Signature, typed or printed name of reg : OFFICE PTS BADRI, DEOKISSON 511 NW 72ND ST.	bried agent and title if applicable. RS AND DIRECTORS	.0505, Florida (NOTE Re	egistered Agen	I signature requ		S AND DIRECTO	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of reg- OFFICE PTS BADRI, DEOKISSON	bried agent and title if applicable. RS AND DIRECTORS	.0505, Florida (NOTE Re	egistered Agen 13. 1.1 TITLE 1.2 NAME	I signature requ		S AND DIRECTO	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of reg : OFFICE PTS BADRI, DEOKISSON 511 NW 72ND ST.	bried agent and title if applicable. RS AND DIRECTORS	.0505, Florid: (NOTE Re	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET A	I signature requ		S AND DIRECTO	Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of reg : OFFICE PTS BADRI, DEOKISSON 511 NW 72ND ST.	tored agent and title diappicable. RS AND DIRECTORS	.0505, Florid: (NOTE Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ODRESS ADDRESS		S AND DIRECTO	Addition
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indicated on this annual report or supplemental annual reports inde and accurate and that my signature shall have the same regardless in made under dark that rain a 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:

4/to 191 Dayline Phone A 0213703