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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000074009

1. Corporation Name

WOOD AND MICA FURNITURE, INC.

Principal Place of Business

Mailing Address

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90131 036 ***150.00



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7101 N.W. 74TH STREET MEDLEY FL 33166		7101 N.W. 74TH STREET MEDLEY FL 33166		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 10/20/1993				
2.	Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For				
1		26		65-0457706 Not Applicable				
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired ☐ \$8.75 Additional Fee Required				
23	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
	Zip Country	Zip Cou	ıntry	try 8. This corporation owes the current year Intangible				
24	25	29 30		Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Current I	Registered Agent	10. Name and Address of New Registered Agent					
DEL SOL, ERNESTO 5541 S.W. 136TH COURT				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
			30					

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.

84

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agent. Fam familiar with, the accept the obligations of position of the configuration of the											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Signature, types or printed trainer or signstand use trappingue.											
TITLE			1.1 TITLE	7.001110110110110110110110110110110110110	☐ Change	Addition					
					_ •	_					
NAME	DEL SOL, ERNESTO		1.2 NAME								
STREET ADDRESS	5541 S.W. 136TH COURT		1.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP								
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition					
NAME	PEREZ, LUIS M		2.2 NAME			j					
STREET ADDRESS	2668 WEST 72ND PLACE		2.3 STREET ADDRESS								
CITY-ST-ZIP	HIALEAH FL 33016		2. 4 CITY-ST-ZIP								
TITLE	•	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition					
NAME			3.2 NAME			ļ					
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CITY-ST-ZIP		=						
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE		Change	☐ Addition					
NAME			4.2 NAME			}					
STREET ADDRESS		•	4.3 STREET ADDRESS								
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP								
TITLE		□ DELETE	5.1 TITLE		Change	☐ Addition					
NAME			5.2 NAME			j					
STREET ADDRESS			5.3 STREET ADDRESS			Ì					
CITY-ST-ZIP			5.4 CITY+ST+ZIP								
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition					
NAME			6.2 NAME			1					
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<u> </u>							

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED

Zip Code

85