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

PROFIT CORPORATION **ANNUAL REPORT**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Ζıp

21

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

P94000050074 (1)

J & S. FURNITURE CORP.

Mailing Address Principal Place of Business 1120 EAST 25TH STREET 1120 EAST 25TH STREET HIALEAH FL 33013 HIALEAH FL 33013

Country

25

2a, Mailing Address

City & State

 $Z_{\rm ID}$

28

29

Suite, Apt. #, etc.

FILED Feb 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Yes

Not Applicable

3. Date Incorporated or Qualified 07/01/1994 4. FEI Number

65-0492869

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
FORTES, MIRIAM M 1085 E 24TH ST HIALEAH FL 33013			Na	ame	\neg
			St	reet Address (P.O. Box Number is Not Acceptable)	
				,	
		83			
			Ci	ty 85 Zip	Code
				<u>´ </u>	
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE Storistics, typed or protect hands of registered agreet and talls diagraticable. (NOTE Registered Agent signature required when reinstating). DATE					
12.		ared Age 3.	ent sig	nature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE		i TOLE		Change	Addition
NAME		1.2 NAME			
STREET ADORESS		1.3 STREET ADDRESS		MESS	[3
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TITLE		2.1 TITLE		☐ Change	Addition
NAME	2.	2.2 NAME			
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CITY-ST-ZIP	2	2 4 CITY-ST-ZIP		·	
TITLE	DELFTE 3	31 TITLE		☐ Change	Addition
NAME	3	3 2 NAME			
STREET ADDRESS	3	3 3 STREET ADDRESS		NESS	
'CITY-ST-ZIP	3	3 4. CITY-ST-ZIP			
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NAME	4.	4. 2 NAME			
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CITY-ST-ZIP	The second secon	5.4 CiTY-ST-ZiP		Change	Addition
TITLE		61 TITLE		L. Change	L.J. Addition
NAME		62 NAME			l
STREET ADDRESS		6 3 STREET ADDRESS			1
CITY-ST-ZIP		4 CITY - S			e information
14. 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 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.					

Country

30