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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF ST
DIVISION OF CORPOR
95 JUN 20 AM 11:

DOCUMENT # **P94000053428 (6)**

1. Corporation Name
COUNTRY FURNITURE MANUFACTURERS & DISTRIBUTORS, INC.

Principal Place of Business
4651 SW 72ND AVE #110
MIAMI FL

Mailing Address
4651 SW 72ND AVE #110
MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 4651 SW 72ND Ave
2a. Mailing Address: 26 4651 SW. 72ND Ave.
4. FEI Number: 65-0507926 — Applied For / Not Applicable
Suite, Apt. #, etc.: 22 Suite #200
Suite, Apt. #, etc.: 27 Suite #200
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State: 23 Miami, Fl.
City & State: 28 Miami, FL.
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip: 24 33155 Country: 25 Dade
Zip: 29 33155 Country: 30 Dade.
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
PEREZ, AGUSTIN
4651 SW 72ND AVE #110
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4651 SW. 72ND Ave.
83 Suite #200
84 City: Miami FL 85 Zip Code: 33155

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	D	1.1 TITLE	☑ Change ☐ Addition
NAME	PEREZ, AGUSTIN	1.2 NAME	
STREET ADDRESS	4651 SW 72ND AVE #110	1.3 STREET ADDRESS	Suite #200
CITY · ST · ZIP	MIAMI FL	1.4 CITY · ST · ZIP	
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	PEREZ, MARIA E	2.2 NAME	
CITY · ST · ZIP	MIAMI FL	2.3 STREET ADDRESS / 2.4 CITY · ST · ZIP	Suite #200
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY · ST · ZIP		3.4 CITY · ST · ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY · ST · ZIP		4.4 CITY · ST · ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY · ST · ZIP		5.4 CITY · ST · ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY · ST · ZIP		6.4 CITY · ST · ZIP	

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 or authorized 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: _____ 05/09/95 (305) 668-9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0165M4 GR