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

CORPORATION ANNUAL REPORT

DOCUMENT #

Principal Place of Business

SUITE 200 **MIAMI FL 33155**

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

94000053428 (6)

COUNTRY FURNITURE MANUFACTURERS & DISTRIBUTORS, INC.

4651 SW 72ND AVE SUITE 200 MIAMI FL 33155

Mailing Address

4651 SW 72ND AVE SUITE 200 MIAMI FL 33155

US			US			07/20/1994		06/20/1995				
Principal Place of Business		2a.	Mailing Address			4. FEI Number				Applied For		
26						65-0507926				Not Applicable		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Regulred			
City & State		28	City & State			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip ●	Zip • Country Zip Coun		Country		8. This corporation has liability for intangible tax under s 199.032,							
	25	29		30					s □No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
					81	Name						
PEREZ, AGUSTIN 4651 SW 72ND AVE					82	Street Address (P.O. Box Number is Not Acceptable)						

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.

83

84 City

SIGNATURE					. j			
	Signature, typed or printed name of registered agent and title if a		Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TUTE	D	☐ DEFELE	1.1 TITLE	Change Addition				
NAME.	PEREZ, AGUSTIN		1.2 NAME					
STREET ADDRESS	4651 SW 72ND AVE #200		1.3 STREET ADDRESS		i			
CITY - ST - ZIP	MIAMI FL		1.4 CITY-ST-ZIP	·				
Title	D	☐ DEFELE	2. 1 TITLE	Change Addition				
NAME	PEREZ, MARIA E		2.2 NAME		i			
STREET ADDRESS	4651 SW 72ND AVE #200		2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		2 4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE		DELETE	3. 1 TITLE	☐ Change ☐ Addition				
NAME			3.2 NAME					
STREET ADDRESS			3.3. STREET ADDRESS					
CITY - ST - 7IP	'		3.4 CITY-ST-ZIP					
TITUE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME			4.2 NAME					
STREET ADURESS			4 3 STREET ADDRESS					
CITY+S1-ZIP			4.4 CITY - ST - ZIP					
THIE		DELETE	5. 1 TITLE					
NAME]			5.2 NAME	900002182223° Addition -05/13/9701008013				
STREET ADDRESS			5.3 STREET ADDRESS	***165.00				
CHTM - ST - ZHP			5.4 CITY - ST - ZIP					
11171		DELETE	6. 1 TITLE	Change Addition				
NAME			62 NAME	es				
STREET ADDRESS			6.3 STREET ADDRESS	E18/97	518197			
CITY - ST - ZIP			6.4 CITY-ST-ZIP) or er				

14. I do hereby certify that the information supplied certify that the information indicated on this ago oath; that I am an officer or director of the own appears in Block 12 or Block 13 if changed. luntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further and accurate and that my signature shall have the same legal effect as if made under execute this report as required by Chapter 607, Florida Statutes; and that my name or trustee

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FILED

May 08 1997 8:00am

Secretary of State

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Zip Code

3 Date Incorporated or Qualified 3. Date of Last Report