

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000061863 (4)

1. Corporation Name

ITALIAN FURNITURE INC.



Principal Place of Business

1200 CLINT MOORE RD
#11
BOCA RATON FL 33487
US

Mailing Address

1200 CLINT MOORE RD
#11
BOCA RATON FL 33487
US

3. Date Incorporated or Qualified
08/18/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 621 N.W. 53RD ST
Suite, Apt. #, etc.
240

2a. Mailing Address

26 621 N.W. 53RD ST
Suite, Apt. #, etc.
240

4. FEI Number

65-0538784

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

24 33487

Country

25 USA

Zip

29 33487

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, JEFFREY G
2600 N. MILITARY TRAIL
SUITE 270
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and, if not applicable,

(P.O. Box Registered Agent's signature required when not state agent)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D
NAME MARANGON, DOSOLINO
STREET ADDRESS 4310 OCEAN BOULEVARD
CITY-ST-ZIP HIGHLAND BEACH FL 33432

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME MONICA SALCEDO

1.3 STREET ADDRESS 621 N.W. 53RD ST #240

1.4 CITY-ST-ZIP BOCA RATON, FL 33487

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changes, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Day/Month/Year

CR2E034 (12/95)