SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $373)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -5 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069469 (2)

1. Corporation Name
ORIENTAL FURNITURE IMPORT, INC.

Principal Place of Business
100 KINGS POINT DR #211
NORTH MIAMI BEACH FL 33160

Mailing Address
100 KINGS POINT DR #211
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Oriental Furniture imp co
Suite, Apt #, etc
22 2301 S Federal HWY
City & State
23 Fort Lauderdale
Zip / Country
24 33316 25 Broward

2a. Mailing Address
26 - SAME -
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report:

4. FEI Number: 65-0521074 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

BOURGOIGNIC, P TRISTAN
2801 PONCE DE LEON BLVD
SUITE 707
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
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 of newly designated registered agent and title if applicable
NOTE: Registered agent signature required when reinstating
DATE

12. OFFICERS AND DIRECTORS	
TITLE	President - D - M - T - C -
NAME	Christian corso
STREET ADDRESS	100 Kings Point Dr.
CITY ST ZIP	North Miami Beach 33160, FL
TITLE	vice President
NAME	Isabelle Muller
STREET ADDRESS	100 Kings Point Dr.
CITY ST ZIP	North Miami Beach 33160, FL.
TITLE	Secretary of the Meeting -
NAME	P. Tristan Bourgoignie, esq.
STREET ADDRESS	2801 Ponce de Leon Blvd Suite 707
CITY ST ZIP	Coral Gables, FL - 33134 -
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13.		
1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY ST ZIP		
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(1)(a), 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 attachment with an address.

SIGNATURE: ________ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 08-95 - 463.5585
Date / Daytime Phone #

CR2E034 (3/95)

0063586 CP