

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 # P94000069469 (2)

1. Corporation Name

ORIENTAL FURNITURE IMPORT, INC.



Principal Place of Business

2301 S. FEDERAL HWY.  
FORT LAUDERDALE FL 33316  
US

Mailing Address

2301 S. FEDERAL HWY  
FORT LAUDERDALE FL 33316  
US

2. Principal Place of Business

21 Suite, Apt., etc.

22 City & State

23 Zip Country

24 25

26 Mailing Address

27 Suite, Apt., etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

07/05/1995

4. FEI Number

65-0521074

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

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, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDMT  
NAME CORSO, CHRISTIAN  
STREET ADDRESS 100 KINGS POINT DR.  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE VP  
NAME MULLER, ISABELLE  
STREET ADDRESS 100 KINGS POINT DR.  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE S  
NAME BOURGOIGNIE, P. TRISTAN E  
STREET ADDRESS 2801 PONCE DE LEON BLVD., SUITE 707  
CITY-ST-ZIP CORAL GABLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDMT  
1.2 NAME CORSO, CHRISTIAN  
1.3 STREET ADDRESS 4751 N.W. 21 ST. Bldg 12 APT 517  
1.4 CITY-ST-ZIP LAUDERHILL 33313

2.1 TITLE VP  
2.2 NAME CORSO MARIE-TERESE  
2.3 STREET ADDRESS 4751 N.W. 21 ST. Bldg 12 APT 517  
2.4 CITY-ST-ZIP LAUDERHILL 33313

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 changed, or on an attachment with an address.

SIGNATURE:

CORSO CHRISTIAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fel 09-96/(954)-463.3383

CR2E034 (12/95)