

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 31 1997 8:00am  
Secretary of State

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 33316-3949  
US

3. Date Incorporated or Qualified  
09/21/1994

3a. Date of Last Report  
03/28/1996

2. Principal Place of Business

21 SAME.

2a. Mailing Address

26 SAME.

4. FEI Number

65-0521074

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

CORSO, CHRISTIAN

JAN 6/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PDMA  
CORSO, CHRISTIAN  
STREET ADDRESS 4751 NW 21ST ST, BLDG 12, APT 517  
CITY - ST - ZIP LAUDERHILL FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VP  
CORSO, MARIE THERESE  
STREET ADDRESS 4751 NW 21ST, BLDG 12, APT 517  
CITY - ST - ZIP LAUDERHILL FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

JAN 6/97, (954) 463.3383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)