

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90206 004 \*\*\*150.00

DOCUMENT # P94000069469

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1994

4. FEI Number

65-052 1074

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 607.1506, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDMT ☐ DELETE  
NAME CORSO, CHRISTIAN  
STREET ADDRESS 4751 NW 21ST ST, BLDG 12, APT 517  
CITY-ST-ZIP LAUDERHILL FL

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

SAME.

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

SAME.

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

SAME.

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

CHRISTIAN CORSO April 15/99 - 954463.3383

CR2E034 (11/98)