FILE NOW: FILING FEE AFTER [illegible]1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN -8 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071501

1. Corporation Name
Catalog City Furniture discount INC

Principal Place of Business	Mailing Address
7701 NW 56 St. # 102 Miami Fl 33166	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-27-94
3a. Date of Last Report: N/A

2. Principal Place of Business
21 7701 NW 56 St
22 Suite, Apt #, etc: 102
23 City & State: Miami Fl
24 Zip: 33166 25 Country: USA

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

4. FEI Number: 65-0538824 ☐ 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

9. Name and Address of Current Registered Agent

EVELYN SARDINA
7701 NW 56 St # 102
Miami Fl 33166

10. Name and Address of New Registered Agent

81 Name: GUSTAVO SARDINA
82 Street Address (P.O. Box Number is Not Acceptable): 10250 SW 56 St #C-202
83
84 City: Miami FL 85 Zip Code: 33165

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] 5/15/95
Signature of new registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	EVELYN SARDINA	12 NAME	400001510134
STREET ADDRESS	7701 NW 56 ST #102	13 STREET ADDRESS	-06/09/95--01086--001
CITY-ST-ZIP	Miami Fl 33166	14 CITY-ST-ZIP	****225.00 ****225.00
TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	GUSTAVO SARDINA	22 NAME	
STREET ADDRESS	10250 SW 56 ST #C-202	23 STREET ADDRESS	
CITY-ST-ZIP	Miami Fl 33165	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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, added or deleted with an address.

SIGNATURE: [signature] GUSTAVO SARDINA 5/15/95 305-387-7632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #