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

DOCUMENT # P94000077148

1. Corporation Name

HOME TOWN FURNISHINGS, INC.

Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90038 011 ***300.00

, 10ME 1	Onti i Ontilorinado, inc.						
Principal Plac	e of Business	Mailing Address					
10400 S.W. 186TH ST. 10400 S.W. 186TH ST. MIAMI FL 33157 MIAMI FL 33157					DO NOT WRITE IN TH	IS SPACE	.
	and the second s		 _		3. Date incorporated or Qualified	_5-65,5-6	
					10/20/1994		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
21					65-0528169		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22		27			5. Columbia of States Doorses	Fee Red	quired
City & State City & State					6. Election Campaign Financing	\$5.00 !	,
23					Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year I		
24	25		0		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registere	n Wâaur	
DIEC	QUEZ, RAFAEL		6'	Name			ſ
10400 S.W. 186TH ST.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	MI FL 33157						
WIL	MI 1 E 00 107		83				
			84	City		85 Zip C	ode
					F		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes of Florida, Such change was aut	the above horized by	e-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its i	registered istered
agent. I a	ım familiar with, and accept the obliga	ations of, Section 607.0505, Floric	la Statutés			_	·
SIGNATURE							
	Signature, typed or printed name of registered age			nt signature require	ADDITIONS/CHANGES TO OFFICERS A	ND OIDECTO	
12.	PD OFFICERS AI	ND DIRECTORS	13. 1.1 TITLE	T	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	DECUES DATES		Į.	-			
NAME	10400 S.W. 186TH ST.		1.2 NAME	ADDDEGO !			
STREET ADDRESS	MIAMI FL 33157		1.3 STREET				
CITY-ST-ZIP	STD DELETE		1.4 CITY-ST 2.1 TITLE	1-21		Change	Addition
TITLE		_				ongo	
NAME			2.2 NAME				
STREET ADDRESS	MIAMI FL 33157		2.3 STREET	Į.			
CITY+ST-ZIP	MIAMI FL 33137	DELETE	2. 4 CITY-S	31-ZIP		Change	Addition
TITLE			3.1 TITLE	ļ		Jan Silango	
NAME	ţ		3.2 NAME	r appores			ļ
STREET ADDRESS			3.3 STREET				-
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	II-ZIP		Change	☐ Addition
TITLE					والمنافق المنافع فالماليان		
NAME			4. 2 NAME	I			
STREET ADDRESS			4.3 STREET				}
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST 5.1 TITLE	1-11		Change	Addition
		- V	5.2 NAME				
NAME STREET ADDRESS			5.3 STREET	ADDRESS			
STREET ADDRESS			5.4 CITY-ST				Į
CITY-ST-ZIP TITLE			6.1 TITLE			Change	Addition
		C DECENE	6.2 NAME		,		
NAME	ĺ		6.3 STREET	ADDRESS	·		ĺ
STREET ADDRESS	1 '-		DO GINEE!				,

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 planged or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP