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 # P95000008804

CHAIRS INTERNATIONAL CORP.

Principal Place of Business 1732 W. 32ND PL. HIALEAH FL 33012

Mailing Address

1732 W. 32ND PL. HIALEAH FL 33012

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90067 008 ***150.00

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DO NOT WRITE IN THIS SPACE

			3. Date Incorporated or Qualifed 02/02/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1722 W 3240 PL	26 172W 3	THO PL	65-0559057	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22 HIGLERH FL 33012		33012	5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Int	
24 25	29	30	Personal Property Tax.	Yes No
9. Name and Address of Co	urrent Registered Agent		10. Name and Address of New Registered	Agent
		81 Name		
A&P REGISTERED AGENT INC.			et Address (P.O. Box Number is Not Acceptable)	
2450 SW 137 AVE, SUITE 226		0.000		
24 50-6:W. 187TH AVE.; CUITE-2	29	83		
MIAMI FL 33175	_	-		85 Zip Code
/		84 City	FL	- 85 ZIP COUR
11. Pursuant to the provisions of Sections 60	7.0502 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose of	changing its registered
office or registered agent, or both in the S	State of Florida. Such change was au	thorized by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	Intment as registered
	T John School Correspond	da Otatotos.	2/19/99	ት
SIGNATURE Signature, typed or printed name of registers	ed agent and title if applicable. (NOTE: 6	Registered Agent signature requir	ed when reinstating)	
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE D	☐ DELETE	1,1 TITLE	T	ND DIRECTORS IN 12
NAME CHIAVAROLI, VICENZO		1.2 NAME	miavaroli vicenzo	
	OACO OAN ADZILLANE CHIEF OOD		1910 200 121 Art 1210 1	229
CITY-ST-ZIP MIAMI FL 33175		1,4 CITY-ST-ZIP	MIANY, F1 33175	
TITLE D	☐ DELETE	2.1 TITLE	0	☐ Change ☐ Addition
NAME MELE, FRANCO RAFAEL		2.2 NAME	hele, Franco Rafaei	1
STREET ADDRESS 2450 S.W. 137TH AVE., SI	UITE 229	2.3 STREET ADDRESS 7	450 SW 137 Ave Ste Z	29
CITY-ST-ZIP MIAMI FL 33175			mani, FL 33175	
TITLE D	☐ DELETÉ	3.1 TITLE	?.S '	☐ Change
NAME ARAGUREN, MADAY PERA	ALTA	3.2 NAME	raquiser, Naday Hera	aeta '
STREET ADDRESS 2450 S.W. 137TH AVE., SI		3.3 STREET ADDRESS 2	450 SW 137 AVE, SK 225	î l
BAIARA CI			Miani, F1 33/75	
CITY-ST-ZIP MIAMI FL	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
1 111	- :	■ ' I		\
NAME		4.2 NAME		i

6.4 CITY-ST-ZIP 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 appears in with an address, with all other like empowered.

4,4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Addition

Addition

☐ Change

Change