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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P95000027047

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90046 001 ***150.00 **Katherine Harris**

10TH AVENUE FURNITURE, INC.	
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Principal Plac	e of Business	Mailing Address							
1055-65 E. 16T		1055-65 E. 16TH STREET HIALEAH FL 33010							
HIALEAH FL 33010 HIALEAH FL 33010					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						04/05/1995			
2. Principal F	Place of Business	2a. Mailing Address			•	4, FEI Number	Ap	plied For	
21		26				65-0569914		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A			
22	The second of th				-54 -	7**	Fee Re		
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00		
23	Country	28 7in	Cou	ıntm.		Trust Fund Contribution	Added to) rees	
Zip	Country	Zip Cour		iritry		This corporation owes the current year In Personal Property Tax.		□No	
24	9. Name and Address of Curren	29 29 Agent	30			10. Name and Address of New Registered			
	9. Name and Address of Curren	it Kegistered Agent		81	Name	10. Raine and Address of New Negistered	7.80.11		
GON	NZALEZ, WILFREDO A								
	5-65 E. 16TH STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	LEAH FL 33010			83					
				84	City	FL	85 Zip C	ode	
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	ites the a	hove-r	named corpo	ration cubmits this statement for the nurnose o	f changing its	registered	
office or r	registered agent, or both, in the State	of Florida, Such change was a	authorized	d by th	e corporation	n's board of directors. I hereby accept the appo	intment as req	gistered	
agent. I a	im familiar with, and accept the obliga	tions of, Section 607.0505, Fig	onda Stati	utes.					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	Agent s	beriuper enutrange	when reinstating) DATE		—— \	=
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	41/98
TITLE		☐ DELETE	1.1 TT	TLE			Change	☐ Addition	1
NAME	GONZALEZ, WILFREDO A		1.2 N	AME					2
STREET ADDRESS	1055-65 E. 16TH STREET		1.3 \$1	TREET A	DDRESS				E034
CITY-ST-ZIP	HIALEAH FL 33010			1.4 CITY-ST-ZIP					ည်
TITLE	D		1.4 CI	ITY-ST-Z	ZIP				
NAME		☐ DELETE	1.4 CI 2.1 TF		ZIP		Change	Addition	ζ
	SANTANA, ANGEL	☐ DELETE		TLE	ZIP		Change	Addition	ζ
STREET ADDRESS	ACCE OF F ACTU OTDEET	☐ DELETE	2.1 TF 2.2 N/	TLE			☐ Change	Addition	ζ
	ACCE OF F ACTU OTDEET	DELETE	2.1 TF 2.2 N/ 2.3 ST	TLE AME	DORESS		☐ Change		ζ
STREET ADDRESS CITY-ST-ZIP TITLE	1055-65 E. 16TH STREET	DELETE	2.1 TF 2.2 N/ 2.3 ST	TLE AME TREET AI CITY-ST-	DORESS		☐ Change	Addition	~ ·
C!TY-ST-ZIP	1055-65 E. 16TH STREET HIALEAH FL 33010	<u> </u>	2.1 TT 2.2 NA 2.3 ST 2.4 C	TLE AME TREET AI CITY-ST- TLE	DORESS				٠
CITY-ST-ZIP TITLE	1055-65 E. 16TH STREET HIALEAH FL 33010 D CAMEJO, OMAR	<u> </u>	2.1 TT 22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV	TLE AME TREET AI CITY-ST- TLE	DORESS ZIP				~ =
CITY-ST-ZIP TITLE NAME	1055-65 E. 16TH STREET HIALEAH FL 33010 D CAMEJO, OMAR	<u> </u>	2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST	TLE AME TREET AI CITY-ST- TLE AME	DORESS DORESS	and the second of the second o			Ξ.
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1055-65 E. 16TH STREET HIALEAH FL 33010 D CAMEJO, OMAR 1055-65 E. 16TH STREET	<u> </u>	2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST	TLE AME TREET AI CITY-ST- TLE AME TREET AI CITY-ST-	DORESS DORESS	Section Section 2011 Section 201			<u>.</u>
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	1055-65 E. 16TH STREET HIALEAH FL 33010 D CAMEJO, OMAR 1055-65 E. 16TH STREET HIALEAH FL 33010	DELETE	2.1 TT 22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4. C	TLE AME TREET AI CITY-ST- TLE AME TREET AI CITY-ST- TLE	DORESS DORESS		☐ Change	. Addition ?	<u></u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1055-65 E. 16TH STREET HIALEAH FL 33010 D CAMEJO, OMAR 1055-65 E. 16TH STREET HIALEAH FL 33010 D FERNANDEZ, ALEJANDRO	DELETE	2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N/	TLE AME TREET AI CITY-ST- TLE AME TREET AI CITY-ST- TLE	DDRESS DDRESS ZIP		☐ Change	. Addition ?	<u>-</u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1055-65 E. 16TH STREET HIALEAH FL 33010 CAMEJO, OMAR 1055-65 E. 16TH STREET HIALEAH FL 33010 D FERNANDEZ, ALEJANDRO	DELETE	2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4. C 4.1 TT 4.2 NV 4.3 ST	TLE AME TREET AI TLE AME TREET AI TREET AI TLE TLE TLE TLE TLE	DDRESS ZIP DDRESS ZIP DDRESS		Change	Addition Addition	<u>-</u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1055-65 E. 16TH STREET HIALEAH FL 33010 D CAMEJO, OMAR 1055-65 E. 16TH STREET HIALEAH FL 33010 D FERNANDEZ, ALEJANDRO 1055-65 E. 16TH STREET	DELETE	2.1 TT 22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 4.4 CI 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT	TLE AME TREET AI CITY-ST- TLE AME TREET AI CITY-ST- TLE IAME TREET AI ITY-ST-2 TLE	DDRESS ZIP DDRESS ZIP DDRESS		☐ Change	. Addition ?	<u>-</u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1055-65 E. 16TH STREET HIALEAH FL 33010 D CAMEJO, OMAR 1055-65 E. 16TH STREET HIALEAH FL 33010 D FERNANDEZ, ALEJANDRO 1055-65 E. 16TH STREET	DELETE	2.1 TT 22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI	TLE AME TREET AI CITY-ST- TLE AME TREET AI CITY-ST- TLE IAME TREET AI ITY-ST-2 TLE	DDRESS ZIP DDRESS ZIP DDRESS		Change	Addition Addition	~ :
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1055-65 E. 16TH STREET HIALEAH FL 33010 CAMEJO, OMAR 1055-65 E. 16TH STREET HIALEAH FL 33010 D FERNANDEZ, ALEJANDRO 1055-65 E. 16TH STREET HIALEAH FL 33010	DELETE	2.1 TT 22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV	TLE AME TREET AI CITY-ST- TLE AME TREET AI CITY-ST- TLE IAME TREET AI ITY-ST-2 TLE	DDRESS ZIP DDRESS ZIP DDRESS	The second secon	Change	Addition Addition	<u> </u>
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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 peport 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 of the receiver or plustee 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 on an attach plent with an address, with all other like empowered.

SIGNATURE: X

FICER OR DIRECTOR