

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000079381 (6)

1. Corporation Name

DE ART'S FURNITURE, INC.

Principal Place of Business

257 MIRACLE MILE
MIAMI FL 33134

Mailing Address

257 MIRACLE MILE
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1995

4. FEI Number

65-0685129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARVESU, MANUEL M
~~2000 SOUTH DIXIE HIGHWAY~~
~~SUITE 200~~
MIAMI FL 33199

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2121 Ponce de Leon BLVD
Suite 920

83

84 City

Coral Gables FL

85

Zip Code
33134

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 of registered agent and take it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Manuel M. ARVESU

4/27/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GALVIS, VICTOR M
STREET ADDRESS CALLE 10 ED. J.U. SOTONO, LA URBINA
CITY-ST-ZIP CARACAS VN 1070

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S
NAME DE ANGELIS, LEONARDO
STREET ADDRESS 8430 S.W. 98TH ST.
CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE D/VIP
2.2 NAME DE ANGELIS, PASQUALE
2.3 STREET ADDRESS 8430 S.W. 98 STREET
2.4 CITY-ST-ZIP MIAMI-FL 33156

TITLE VP
NAME DE DE ANGELIS, MENEND, ADELINA
STREET ADDRESS 8430 S.W. 98TH ST.
CITY-ST-ZIP MIAMI FL 33156

3.1 TITLE D/S
3.2 NAME DE DE ANGELIS, MENEND, ADELINA
3.3 STREET ADDRESS 8430 S.W. 98 STREET
3.4 CITY-ST-ZIP MIAMI-FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 an attachment with an address.

SIGNATURE:

Manuel M. ARVESU

CR2E034 (10/97)