

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION •
ANNUAL REPORT
1996



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

DOCUMENT # **P95000092283 (7)**

1. Corporation Name

A & A BEDDING, CORPORATION



Principal Place of Business

**14140-A N.W. 22ND AVENUE
OPA-LOCKA FL 33054**

Mailing Address

**14140-A N.W. 22ND AVENUE
OPA-LOCKA FL 33054**

3. Date Incorporated or Qualified
12/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **14140-A N.W. 22 AVE**

26 **SAME AS ABOVE**

4. FEI Number

65-0642412

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

22 City & State

23 **OPA-LOCKA FL.**

27 City & State

28 **OPA-LOCKA FL.**

24 Zip

25 **33054**

Country

USA

29 Zip

33054

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARIAS, MAYRA N
14140-A N.W. 22ND AVENUE
OPA-LOCKA FL 33054**

81 Name

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

83

84 City

FL

85 Zip Code

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

Rosemarie Bowen V.P.

2-12-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE
NAME **ARIAS, MAYRA N**
STREET ADDRESS **9421 N.W. 33RD COURT**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **VSD** ☐ DELETE
NAME **BOWEN, ROSEMARIE**
STREET ADDRESS **1600 N.W. 119TH STREET #223**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 119.04(3)(k), 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:

Rosemarie Bowen V.P.

2-12-96 688-2666

CR2E034 (12/95)