SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT QUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600036415 (3)

MIRIAM'S FURNITURES INC.

Principal Place of Business Mailing Address 4573 SW 428 PL. MIAMI FL 33175 4573 SW 728 PL. MAN FL 33175 SAMe. 17332 SW 1496+ DO NOT WRITE IN THIS SPACE 1733250 14961 3. Date Incorporated or Qualified 3a. Date of Last Report mium. Fla 33187 miumi & la 33187 04/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 17332 SW 149 CT SAME Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees mia Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 U·S. A. 29
Name and Address of Current Registered Agent 30 Personal Property Tax due June 30. Yes □ No 10, Name a 81 Name CAMINO, LAZARO P 4573 SW 128 PL. 17332 Sw jug ct Street Address (P.O. Box 82 **MIAMI-FL-93175** war. Fla 33187 83 84 City 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of dagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rogistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITION ŊΡ DELETE 1.3 TITLE TITLE C CAMINO, LAZARO P NAME 1.2 NAME 4563 SW 128 PL. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE NAME 4. 2 NAME

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SECRETARY OF STATE TALLAHASSEE FLORIDA



9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
CAI	MINO, LAZARO P	81								
MIA	19 3W 128 PL 17332 Sw rug (f WHFL 83176 minm. Fla 33187	82	Street	Address (P.O. Box Number is Not Acceptable)						
	mium. Fla 33187	83						7		
		84	City	FL	85	Zip C	ode	1		
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, typed or printed name of registered agent and title if applicable. [NOTE Register	04.40	no: eigneturo	required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS 13	-	31. Signa.ure	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS	IN 12	┧ҁ		
TITLE		IIILE			☐ Cha		Addition	(4/97		
NAME		NAME		0000022641	~ 71:	1	1	4		
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CITY-ST-ZIP	SHANN PLANATE	OITY-S	ST-ZIP	****165.00				CR2E034		
TITLE		ITLE			☐ Cha	nge	Addition	∣່ວັ		
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NAME	321	MAME	l							
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STREET ADDRESS	533	STREFT	TADDRESS							
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TITLE		MILE			ua	ıge	Addition			
NAME		NAME								
STREET ADDRESS			T ADDRESS							
14 I do heret			ST-ZIP	tated in Section 119 07(3)(i) Florida Statutos Hudher	oortife	that #		4		
14. I do 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 call that a signature shall have the same legal effect as if made under call that a notificer 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 3 if changed, or on an attachment with an address.										

pg.2

JULY/14/1997

FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION

REF NO: P96000036415 (3)

PLEASE BE AWARE THAT THIS IS THE FIRST TIME THAT I RECEIVED THIS NOTIFICATION (PROFIT CORPORATION ANNUAL REPORT)

I'M SURE THAT THE FIRST TIME YOU SENT IT TO THE OLD ADDRESS AND I NEVER RECEIVED.

THE OLD ADDRESS WAS: 4573 SW 128 PL, MIAMI, FLA.

PLEASE FROM NOW YOU CAN MAIL ANY DOCUMENTS TO MY NEW ADDRESS WHICH IS: 17332~SW~149~CT, MIAMI, FL, 33187

ATTACHED YOU CAN FIND A CHECK FOR \$ 165.00 .

THANK YOU .

CK # 134

BEST REGARDS

LAZARO PEREZ DE CAMINÓ

MIRIAM'S FURNITURE.

Lawker