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

* PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068826 (2)

RISING SUN FURNITURE, INC.

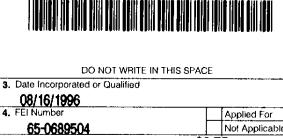
Principal Place of Business

449 W 27TH ST
HIALEAH FL 33010

Mailing Address

449 W 27TH ST
HIALEAH FL 33010

FILED Jan 23 1998 8:00am Secretary of State



2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
	26			65-0689504	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29	30		This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes No
g, Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CRESPO, FIDEL	•		Name		
449 W 27TH ST HIALEAH FL 33010			Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	,	FL	85 Zip Code
Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent, Lam (emiliar with, and except the obligate).	and 607.1508, Florida Statut Florida. Such change was	tes, the above	e-named corp the corporati	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing its registered ointment as registered

UCESPO budra SIGNATURE signature required when re-instating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ☐ Addition Change 1.1 TITLE CRESPO, FIDEL NAME 1.2 NAME

449 W 27TH ST STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Addition 2.1 TITLE Change CRESPO, SANDRA NAME 2.2 NAME 449 W 27TH ST STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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 supplied 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 attackment with an address.

CR2E034 (10/97