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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000008080**

1. Corporation Name

R AND M FURNITURE CORP

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90202 005 \*\*\*150.00



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Principal Place	of Business	Mailing Address			- t 10011004 iim iesti iamit metit Galit muite i	telli Belei inili selel	
3775 NW 46 STREET 3775 NW 46 STREET MIAMI FL 33147 MIAMI FL 33147			DO NOT WRITE IN THIS SPACE		HIS SDACE		
					3. Date Incorporated or Qualifed		
				•	01/28/1997		
Principal Place of Business     2a. Mailing Address					4. FEI Number	<u> </u>	olied For
21		26			65-0722344		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
		27			Fee Required		
City & State	e ,	City & State			6. Election Campaign Financing	\$5.00	-
23		28	Cour	ntn:	Trust Fund Contribution	Added to	prees
Zip				iluy	<ol> <li>This corporation owes the current year</li> <li>Personal Property Tax.</li> </ol>		□No
24	9. Name and Address of Currer	129	30		10. Name and Address of New Registe		
	. Name and Address of Curren	it Kedistelen Adelit		81 Name	To Hame and Accided to How Hogists		
ALU.	, ASHRAF						
	NW 46 STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)		ļ
MIAN	AI FL 33147		ŀ	83	<del></del>		
	•		ļ				
		•		84 City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statut	l esthe at	oove-named corr	oration cubmits this statement for the ourses	e of changing its	registered
office or re	egistered agent, of both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utnorizea	by the corporati	on's board of directors. I hereby accept the a	ppointment as req	gistered
	m tamiliar with, and accept the obliga	liions of, Section 607.0303, Fio	nua Statu	1103.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered	Agent signature require	ad when reinstating) DAT	E	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
TITLE	DPTS	☐ DELETE	1.1 TIT	lé		☐ Change	☐ Addition
NAME	ALLI, ASHRAF		1.2 NA	ME			
STREET ADDRESS	3775 NW 46 STREET		1.3 ST	REET ADDRESS			
CITY-ST-ZiP	MIAMI FL 33147					-	
TITLE			1.4 CIT	TY-ST-ZIP			
	41	☐ DELETE	1.4 CIT 2.1 TIT			☐ Change	Addition
NAME		☐ DELETE	_	T.E		☐ Change	Addition
NAME STREET ADDRESS		☐ DELETE	2.1 TIT 2.2 NA	T.E		☐ Change	Addition
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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 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, with all other like empowered.

Daytime Phone #