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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 21 1998 8:00am

Secretary of State

DOCUMENT #

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RAY'S FURNITURE, CORP.

Principal Place of Business Mailing Address 312-A S.W. 12TH AVENUE 312-A S.W. 12TH AVENUE MIAMI FL 33130 MIAMI FL 33130 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0713648 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip $Z_{\rm ID}$ Country Country 8. This corporation owes or has paid the current year Intangible Yes 25 30 Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent QUEEN, CHARLES R 312-A S.W. 12TH AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33130** 83 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typical or printed name of regulaciest agent and their approache (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PSTD** ___ DELETE 1.1 TITLE Change Addition TITLE NAME QUEEN, CHARLES R 1.2 NAME 312-A S.W. 12TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33130** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 HTLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 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 Addition 4.1 TIFLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 44 CHTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME 300002532413 STREET ADDRESS 5.3 STHEET ADDRESS -05/22/98--01006--013 5.4 CITY - ST - ZIP CITY-ST-ZIF ***150.00 Change DELETE. 6 1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 eath; that I am an officer or director of the cognition of the information of the informa

SIGNATURE (Kall ()