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PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 06 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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City-St-ZiP

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MARIN FURNITURE CORP.

Principal Place of Business Mailing Address 2040 N.W. 7 AVENUE 2040 N.W. 7 AVENUE MIAMI FL 33127 MIAMI FL 33127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/07/1997 4. FEI Number 0820207 2. Principal Place of Business 2s. Mailing Address Applied For Not Applicable 26 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Ζip Country year Intangible 8. This corporation owes or has paid the current □ No 24 25 30 Personal Property Tax due June 30, Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARIN, RICARDO 2040 N.W. 7 AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33127** 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** Signature, typed or priving name of registired open and title if applicable (NO16: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE NAME MARIN, RICARDO 1.2 NAME 2108 N.W. 7 AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33127** CITY-ST-ZIP 1.4 CITY- \$1-ZIP DELETE Addition TITLE 2.1 TITLE VD MARIN, JACKELINE 2.2 NAME NAME 25 N.E. 50 TERRACE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33137 2.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - ZIP DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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. USDI. 1 4-13-98 CIGNATURE.