

FILED
May 22 1998 8:00am
Secretary of State

DOCUMENT # P97000102227 (0)
1. Corporation Name
U.S.A. GRANDMART FURNITURE CLEARANCE CENTER INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 4850 N.W. 167TH STREET MIAMI FL 33014 | 4850 N.W. 167TH STREET MIAMI FL 33014 |

| | | | |
|---------------------------------------|-----------|----------------------------|-----------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

| | | | |
|---|--|----|----------------|
| 9. Name and Address of Current Registered Agent | | 81 | Name |
| FERNANDEZ, CARLOS L | | 82 | Street Address |
| 9485 SUNSET DR. STE. A-204 | | 83 | |
| MIAMI FL 33173 | | 84 | City |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent; signature required)
Signature: typed or printed; location of registered; (agent and); if not applicable

| 12. OFFICERS AND DIRECTORS | | 13. | |
|----------------------------|------------------------------|---------------------------------|---------------------|
| TITLE | SPD | <input type="checkbox"/> DELETE | 1.1 TITLE |
| NAME | RODRIGUEZ, LAZARO S | | 1.2 NAME |
| STREET ADDRESS | 9485 SUNSET DRIVE STE. A-204 | | 1.3 STREET ADDRESS |
| CITY - ST - ZIP | MIAMI FL 33173 | | 1.4 CITY - ST - ZIP |
| TITLE | DT | <input type="checkbox"/> DELETE | 2.1 TITLE |
| NAME | GONZALEZ, MARTINA | | 2.2 NAME |
| STREET ADDRESS | 9485 SUNSET DR. STE. A-204 | | 2.3 STREET ADDRESS |
| CITY - ST - ZIP | MIAMI FL 33173 | | 2.4 CITY - ST - ZIP |
| TITLE | D | <input type="checkbox"/> DELETE | 3.1 TITLE |
| NAME | RODRIGUEZ, LAZARO | | 3.2 NAME |
| STREET ADDRESS | 9485 SUNSET DR. STE. A-204 | | 3.3 STREET ADDRESS |
| CITY - ST - ZIP | MIAMI FL 33173 | | 3.4 CITY - ST - ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE |
| NAME | | | 4.2 NAME |
| STREET ADDRESS | | | 4.3 STREET ADDRESS |
| CITY - ST - ZIP | | | 4.4 CITY - ST - ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE |
| NAME | | | 5.2 NAME |
| STREET ADDRESS | | | 5.3 STREET ADDRESS |
| CITY - ST - ZIP | | | 5.4 CITY - ST - ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE |
| NAME | | | 6.2 NAME |
| STREET ADDRESS | | | 6.3 STREET ADDRESS |
| CITY - ST - ZIP | | | 6.4 CITY - ST - ZIP |

| | | |
|---|--|-----------------------------------|
| DO NOT WRITE IN THIS SPACE | | |
| 3. Date Incorporated or Qualified 12/04/1997 | | |
| 4. FEI Number 65-0800652 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 10. Name and Address of New Registered Agent | | |
| ss (P.O. Box Number is Not Acceptable) | | |
| FL 65 | | Zip Code |

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 officer, partner 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.

CP2E034 (10/97)