

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90007 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000088824

1. Corporation Name  
DJATI FURNITURE, INC.



Principal Place of Business 9183 SW 97TH AVE. MIAMI FL 33176	Mailing Address 9183 SW 97TH AVE. MIAMI FL 33176
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 4001 A-Miami, ave

2a. Mailing Address  
26

3. Date Incorporated or Qualified  
10/16/1998

4. FEI Number  
65-0875068

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State  
23 Miami, FL

City & State  
28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip  
24 33137

Zip  
29 30

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, RONALD G  
4675 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33146

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORKOM, ERIC V	
STREET ADDRESS	9183 SW 97TH AVE.	
CITY-ST-ZIP	MIAMI FL 33176	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VAN GORKOM, ERIC A.	
1.3 STREET ADDRESS	9182 SW 95th ave	
1.4 CITY-ST-ZIP	MIAMI, FL 33176	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STILES, SUSANNA M	
STREET ADDRESS	9183 SW 97TH AVE.	
CITY-ST-ZIP	MIAMI FL 33176	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stiles, Susanna M.	
2.3 STREET ADDRESS	9182 SW 95th ave	
2.4 CITY-ST-ZIP	MIAMI, FL 33176	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Eric A. Van Gorkom  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4 '99  
Date

(305) 438-9007  
Daytime Phone #

CR2E034 (11/98)