


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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S18160 (9) 1. Corporation Name ENGLISH SOFAS & CHAIRS, INC.					
Principal Place of Business 2250 NE 163 ST SUITE 6 N MIAMI BEACH FL 33160			Mailing Address 2250 NE 163 ST SUITE 6 N MIAMI BEACH FL 33160		
2. Principal Place of Business 21 1595 N.E. 163RD ST. Suite, Apt. #, etc. 22 City & State 23 N. MIAMI BEACH, FL Zip 24 33162		2a. Mailing Address 26 1595 N.E. 163RD ST. Suite, Apt. #, etc. 27 City & State 28 N. MIAMI BEACH, FL Zip 29 33162		3. Date Incorporated or Qualified 12/13/1990 4. FEI Number 65-0241023 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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GOLDSMITH, JAMES A 2250 NE 163 ST #6 N MIAMI BCH FL 33160			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1595 N.E. 163RD ST. 83 84 City N. MIAMI BEACH FL 85 Zip Code 33162		
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 type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLEASON, MONICA		1.2 NAME		
STREET ADDRESS	2250 NE 163 ST #6		1.3 STREET ADDRESS	1595 N.E. 163RD ST.	
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSMITH, JAMES A.		2.2 NAME		
STREET ADDRESS	2250 NE 163 ST #6		2.3 STREET ADDRESS	1595 N.E. 163RD ST.	
CITY-ST-ZIP	N MIAMI BEACH FL		2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

Monica Gleason

305/576-6222

CR2E034 (10/97)