

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 22 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S42809 (1)

1. Corporation Name

PHASE II FURNITURE AND STORE FIXTURES CORP.

Principal Place of Business

6501 NW 37TH AVE
MIAMI FL 33147

Mailing Address

6501 NW 37TH AVE
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/03/1991

3a. Date of Last Report

03/07/1994

4. FEI Number

65-0264348

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUSTAFESTE, CARMINE E.
3595 N.W. 125TH ST.
MIAMI FL 33167

81

Name

Guastafeste, Carmine E.

82

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

3595 N.W. 125th St.

83

84

City

Miami

FL

85

Zip Code

33167

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-95

12. OFFICERS AND DIRECTORS

TITLE

PTD

NAME

GUSTAFESTE, CARMINE E.

STREET ADDRESS

3595 N.W. 125TH ST.

CITY - ST - ZIP

MIAMI FL

TITLE

SD

NAME

GUASTAFESTE, EDWARD A

STREET ADDRESS

3595 NW 125 ST

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PTD

1.2 NAME

GUASTAFESTE, CARMINE E.

1.3 STREET ADDRESS

3595 N.W. 125TH STREET

1.4 CITY - ST - ZIP

MIAMI FL 33167

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carmine E. Guastafeste

(305)687-9100