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

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # S68210   (1)

1. Corporation Name
FALLS NATUZZI LEATHER GALLERY-PALMETTO, INC.

Principal Place of Business	Mailing Address
900 PARK CENTRE BLVD. SUITE 444 MIAMI FL 33169	900 PARK CENTRE BLVD. SUITE 444 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/24/1991

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0301523	Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

SALEM, ERIC
900 PARK CENTRE BLVD.
SUITE 444
MIAMI FL 33369

10. Name and Address of New Registered Agent

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 **PD**	☒ DELETE	1.1 TITLE	**PD**	☐ Change	☒ Addition
NAME **SALEM, ROBERT**		1.2 NAME	**SALEM, ERIC E**		
STREET ADDRESS **900 PARK CENTRE BLVD.**		1.3 STREET ADDRESS	**900 PARK CENTRE BLVD**		
CITY-ST-ZIP **MIAMI FL**		1.4 CITY-ST-ZIP	**MIAMI FL 38169**		
TITLE **VD**	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME **SALEM, FLORENCE**		2.2 NAME			
STREET ADDRESS **900 PARK CENTRE BLVD.**		2.3 STREET ADDRESS			
CITY-ST-ZIP **MIAMI FL**		2.4 CITY-ST-ZIP			
TITLE **S**	☐ DELETE	3.1 TITLE		☒ Change	☐ Addition
NAME **SALEM, ROBBIE**		3.2 NAME	**SALEM, ROBERT**		
STREET ADDRESS **900 PARK CENTRE BLVD.**		3.3 STREET ADDRESS			
CITY-ST-ZIP **MIAMI FL**		3.4 CITY-ST-ZIP			
TITLE **T**	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME **PERELMUTER, RENEE**		4.2 NAME			
STREET ADDRESS **900 PARK CENTRE BLVD.**		4.3 STREET ADDRESS			
CITY-ST-ZIP **MIAMI FL**		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

CR2E034 (10/97)

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.

SIGNATURE: _____   ERIC E. SALEM   4-27-98   305 621-0888