

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

FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S77681 (2)  
1. Corporation Name:  
NEW YORK FURNITURE WAREHOUSE OF MIAMI, INC.



Principal Place of Business  
7500 NW 41 ST.  
MIAMI FL 33166

Mailing Address  
7500 NW 41 ST.  
MIAMI FL 33166-6718

3. Date Incorporated or Qualified 09/04/1991  
3a. Date of Last Report 01/29/1996

2. Principal Place of Business  
21 10773 West Flagler St  
Suite, Apt. #, etc.

2a. Mailing Address  
26 10773 West Flagler St  
Suite, Apt. #, etc.

4. FEI Number 65-0299550  
Applied For  
Not Applicable

22 City & State  
23 Miami - FL

27 City & State  
28 Miami FL

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

24 Zip 33174  
25 Country

29 Zip 33174  
30 Country

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

9. Name and Address of Current Registered Agent  
DIAZ, RUBEN  
7500 NW 41 ST.  
MIAMI FL 33166

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

10. Name and Address of New Registered Agent  
81 Name DIAZ, RUBEN  
82 Street Address (P.O. Box Number is Not Acceptable) 2615 West 5 Ave.  
83  
84 City Hialeah FL 85 Zip Code 33010

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 of person filing this report (delete if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | SORRIANO, DENNIS       |                                 |
| STREET ADDRESS | 10773 WEST FLAGLER ST. |                                 |
| CITY-ST-ZIP    | MIAMI FL 33174         |                                 |
| TITLE          | SD                     | <input type="checkbox"/> DELETE |
| NAME           | DIAZ, RUBEN            |                                 |
| STREET ADDRESS | 7500 NW 41 ST.         |                                 |
| CITY-ST-ZIP    | MIAMI FL 33166         |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | 2615 WEST 5 AVE  |
| 2.4 CITY-ST-ZIP    | HIALEAH FL. 33010  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 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    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/97 3058050444

Date Daytime Phone #

CR2E034 (9/96)