PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Sep 05 1997 8:00am
Secretary of State

DOCUMENT # S79331 (2)

1. Corporation Name

IDEAL FURNITURE GALLERY, INC.

[redacted]

Principal Place of Business	Mailing Address
4858 NW 167 St MIAMI LAKES FL 33014	4858 N.W 167 St MIAMI LAKES FL 33014

IDEAL FURNITURE GALLERY, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09-11-1991
3a. Date of Last Repor: 1996

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

4. FEI Number: 65-0285261 — Applie / Not Ap.
5. Certificate of Status Desired ☐ — $8.75 Addi Fee Require
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Added to Fe
8. This corporation owes or has paid the current year Intang Personal Property Tax due June 30. ☑ Yes ☐ N

9. Name and Address of Current Registered Agent

FERNANDEZ, CARLOS L
9485 SUNSET DRIVE
SUITE A-204
Miami, FL. 33173

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 re 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 regi agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD RODRIGUEZ, LAZARO S 9485 SUNSET DR. SUITE A-204 MIAMI FL 33173	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD RODRIGUEZ, BARBARA 9485 SUNSET DR. SUITE A-204 MIAMI 33173	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ RAW 9.5.97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☑ Change ☐ T00002286457 -09/08/97--01003--021 ***550.00

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 o 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: BY SIGNATURE REQUIRED President 8-27-97 (305) 624-1159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0022