FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V00391** **(5)**

1. Corporation Name
CHAIRS TO GO, INC.

Principal Place of Business
~~5951 NW 151 ST.~~
~~#205~~
~~MIAMI FL 33014~~

Mailing Address
~~5951 NW 151 ST.~~
~~#205~~
~~MIAMI FL 33014~~

3. Date Incorporated or Qualified: 12/13/1991
3a. Date of Last Report: 02/10/1995
4. FEI Number: 65-0312240 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $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 8850 NW 102 St.
Suite, Apt. #, etc
22
City & State
23 Medley, FL
Zip 24 33178 Country 25 USA

2a. Mailing Address
26 8850 NW 102 St.
Suite, Apt. #, etc
27
City & State
28 Medley, FL
Zip 29 33178 Country 30 USA

9. **Name and Address of Current Registered Agent**
GUTIERREZ, RENALDY J.
601 BRICKELL KEY DRIVE
SUITE 501
MIAMI FL 33131-2651

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

TITLE	SD	☐ DELETE
NAME	IBARRA, J. ROBERTO	
STREET ADDRESS	O CALLE 18-20 ZONA15VHII	
CITY-ST-ZIP	GUATEMALA, GUATEMALA	
TITLE	DPAS	☐ DELETE
NAME	IBARRA, ROBERTO	
STREET ADDRESS	O CALLE 18-20 ZONA15VHII	
CITY-ST-ZIP	GUATEMALA, GUATEMALA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ 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 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 if changed, or on an attachment with an address.

SIGNATURE: X ____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2-13-96 Date — 305 884 5595 Daytime Phone #

CR2E034 (12/95)