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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

FILED Apr 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V00391 (5)CHAIRS TO GO, INC. Principal Place of Business Mailing Address 8850 NW 102ND ST 8850 NW 102ND ST #205 DO NOT WRITE IN THIS SPACE MEDLEY FL 33178 MEDLEY FL 33178 3. Date Incorporated or Qualified HS 12/13/1991 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0312240 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Zip Zin Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 24 Personal Property Tax due June 30. 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GUTIERREZ, RENALDY J. 601 BRICKELL KEY DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 501 83 MIAMI FL 33131-2651 **B4** City Zip Code 85 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Addition IBARRA, J. ROBERTO 1.2 NAME NAME O CALLE 18-20 ZONA 15VHII 1.3 STREET ADDRESS STREET ADDRESS GUATEMALA, GUATEMALA CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE IBARRA, ROBERTO NAME 2.2 NAME O CALLE 18-20 ZONA15VHII STREET ADDRESS 2.3 STREET ADDRESS **GUATEMALA, GUATEMALA** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELLTE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

3-14-97

6.4 CiTY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not quilify 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 empowed 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 inhaddress.

☐ Change

Addition

6.1 TITLE

62 NAME

DELETE