FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 PM 12:00

DOCUMENT # V11267 (4)

1. Corporation Name
LEONARDO UPHOLSTERY, INC.

Principal Place of Business	Mailing Address
4150 OAK CIRCLE BOCA RATON FL 33431	4150 OAK CIRCLE BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/03/1992	3a. Date of Last Report: 02/03/1994
4. FEI Number: 65-0304668	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~LYONS, DIANN L.~~
~~4150 OAK CIRCLE~~
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent

01 Name: Edward Leonardo
02 Street Address (P.O. Box Number is Not Acceptable): 4150 Oak Circle
03:
04 City: Boca Raton FL 05 Zip Code: 33431

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 X Ed Leonardo 1-20-95
Signature required of 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	~~D~~	1.1 TITLE		☐ Change ☐ Addition
NAME	~~LYONS, DIANN L.~~	1.2 NAME		
STREET ADDRESS	~~0808 LIBERTY RD.~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~BOCA RATON FL~~	1.4 CITY-ST-ZIP		
TITLE	President	2.1 TITLE	President	☐ Change ☒ Addition
NAME	Edward Leonardo	2.2 NAME	Edward Leonardo	
STREET ADDRESS	4150 Oak Circle	2.3 STREET ADDRESS	4150 Oak Circle	
CITY-ST-ZIP	Boca Raton, FL 33431	2.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: X Ed Leonardo 1-20-95 407-395-1938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Edward Leonardo

0250000 CP