

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 MAR -2 PM 12: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # V21228 (4)**

1. Corporation Name  
**NATIONAL FURNITURE SUPPLY, INC.**

Principal Place of Business: **6320 S.W. 108TH PLACE MIAMI FL 33173**  
Mailing Address: **6320 S.W. 108TH PLACE MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/16/1992**

4. FEI Number: **65-0320432**  
Applied For:  Not Applicable:

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent  
**GONZALEZ, CLARISA  
6320 S.W. 108TH PLACE  
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name: **BELATHINIO J. GONZALEZ**

82 Street Address (P.O. Box Number is Not Acceptable): **6320 SW 108 PL**

83

84 City: **MIAMI** FL 85 Zip Code: **33173**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PVD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GONZALEZ, CLARISA</b>	
STREET ADDRESS	<b>6320 S.W. 108TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>BELATHINIO J. GONZALEZ</b>	
STREET ADDRESS	<b>6320 SW 108 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>Vice-President</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARISA GONZALEZ</b>	
STREET ADDRESS	<b>6320 SW 108 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
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	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

200002447292-8  
03/04/98 01102-012-8  
\*\*\*150.00 \*\*\*150.00

AD

14. I 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: \_\_\_\_\_ (305) 596-4320

CR2E034 (10/97)