

FILE NO. FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90058 013 ***150.00

DOCUMENT # V21228

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

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 owes the current year Intangible -
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 10235 SW 66th St.

Suite, Apt. #, etc.

22

City & State

23 Miami, Fl. 33173

Zip

Country

24

25

2a. Mailing Address

26 10235 SW 66th St.

Suite, Apt. #, etc.

27

City & State

28 Miami, Fl. 33173

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GONZALEZ, BELATHMINIO J
6320 S.W. 108TH PLACE
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 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 P
NAME GONZALEZ, BELATHMINIO J
STREET ADDRESS 6320 S.W. 108TH PLACE
CITY-ST-ZIP MIAMI FL 33173

☐ DELETE

TITLE VP
NAME GONZALEZ, CLARISA
STREET ADDRESS 6320 S.W. 108TH PLACE
CITY-ST-ZIP MIAMI FL 33173

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Gonzalez Belarminio J.
1.3 STREET ADDRESS 10235 SW 66th St
1.4 CITY-ST-ZIP Miami, Fl. 33173

☒ Change

☐ Addition

2.1 TITLE VP
2.2 NAME Gonzalez Clarisa
2.3 STREET ADDRESS 10235 SW 66th St.
2.4 CITY-ST-ZIP Miami, Fl. 33173

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE: *Clarisa Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-99
Date

(305) 596-4320
Daytime Phone #

0248915

CR2E034 (11/98)