

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V43989

1. Corporation Name

SOUTH BEACH FURNITURE CO. INC.

Principal Place of Business

Mailing Address

180 NE 39 ST, SUITE 104  
MIAMI FL 33137 } SAME

2. Principal Place of Business

21 180 NE 39 STREET

Suite, Apt. #, etc

22 104

City & State

23 MIAMI FL

Zip

24 33137

Country

25 USA

2a. Mailing Address

26 180 NE 39 STREET

Suite, Apt. #, etc

27 104

City & State

28 MIAMI FL

Zip

29 33137

Country

30 USA

3. Date Incorporated or Qualified

JUNE 16, 1992

3a. Date of Last Report

JUNE 21, 1995

4. FEI Number

65-0335902

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

9. Name and Address of Current Registered Agent

NEISEN O. KASDIN, atty  
1428 BRICKELL AV 6th FL.  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

SAME

83

SAME

84 City

SAME

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 for use by the current registered agent and the corporation

(Note: Registered Agent's signature is required when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT

NAME RIFORCIATO, LEONARD G.A.

STREET ADDRESS 180 NE 39 ST, SUITE 104

CITY-ST-ZIP MIAMI FL 33137

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

700001904697  
-07/25/96--01095--003  
\*\*\*233.75

28 7/26/96

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leonard G.A. Riforciato

LEONARD G.A. RIFORCIATO

July 8, 1996

(305) 576-4240

CR2E034 (3/96)