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

DOCUMENT # V43989

(5)

SOUTH BEACH FURNITURE CO., INC.

FILED
May 07 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·			
180 NE 39TH ST STE 104 Miami FL 33137 US	180 NE 39TH ST STE 104 MIAMI FL 33137 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1992		
2. Principal Place of Business 21 2400 (OKRL WRY Suite, Apt. #, etc	2a. Mailing Address 26 2400 CORAL	\	NHY.	4, FEI Number 65-0335902	Applied For Not Applicable \$8.75 Additional	
City & State	Suite, Apt. #, etc. 3 City & State 28 ho Am. F(,	Certificate of Status Desired Relection Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees	
Zip Country 24 33)45 25 USA	Zip Co 29 33145 30	ountry US	_	This corporation owes or has paid the curr Personal Property Tax due June 30.	rent year Intangible Yes No	
9. Name and Address of Current Registered Agent KASDIN, NEISEN 1428 BRICKELL AVENUE 6TH FLOOR MIAMI FL 33131			Name Street Add	10. Name and Address of New Registered Address (P.O. Box Number is Not Acceptable)	agent	
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent, I am familiar with, and accept the obligation.	e of Florida. Such change was authoriz	ed by	the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	85 Zip Code changing its registered ointment as registered	
SIGNATURE	-					

	Signature, typed or printed name of registered agent and life if applicable	(NOTE: Re	egistered Agent signature	re required when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RIFORGIATO, LEONARD G. A.		1.2 NAME	
STREET ADDRESS	180 NE 39TH ST STE 104		1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4. CfTY - ST - ZiP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

14. Thereby 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 supplimental 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 13 of changed, or on an attachment with an address.

SIGNATURE:

broms

1. Repair

16 Avil 99

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