5-8-97 B-16605 c

FILE NOW! FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # V65347 (9)

1. Corporation Name

FURNITURE OUTLET, INC.

Principal Place of Business	Mailing Address
641 SE 1ST PL HIALEAH FL 33010	5646 N.W. 35TH CT. MIAMI FL 33142-2730 US

3. Date Incorporated or Qualified	3a. Date of Last Report
09/18/1992	05/01/1996

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip	24	Country	25	Zip	29	Country	30

4. FEI Number	Applied For
65-0357049	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	10. Name and Address of New Registered Agent
ROGUE, RAUL 5646 N.W. 35TH CT. MIAMI FL 33142	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 _____ 4-28-97

Signature, typed or 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 **DP** ☐ DELETE	NAME **ROGUE, RAUL** STREET ADDRESS **641 SE 1ST PL** CITY-ST-ZIP **HIALEAH FL**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **DV** ☐ DELETE	NAME **ROGUE, ROBERT** STREET ADDRESS **190 PEN-NA-NA DR** CITY-ST-ZIP **HIALEAH FL**	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **DS** ☐ DELETE	NAME **ROGUE, ROBERT F.** STREET ADDRESS **850 NIGHTINGALE AVE.** CITY-ST-ZIP **MIAMI SPRINGS FL**	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE	NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE	NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE	NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: _____ RAUL ROGUE 1-28-97