

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F83439

**Entity Name:** ALMACEN Y MUEBLERIA LA FLORIDA, U.S.A., INC.

**Current Principal Place of Business:**

1550 W 84TH ST , STE 50  
HIALEAH, FL 33014

**Current Mailing Address:**

1550 W 84TH ST, STE 50  
HIALEAH, FL 33014

**FEI Number:** 59-2194823

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ABOU, CHADY J  
1550 W 84TH ST  
#50  
HIALEAH, FL 33014 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           VP  
Name           ALI-DARGHAM DE ABOU-ALA, IMSAF  
Address        1550 W 84TH ST, STE 50  
City-State-Zip: HIALEAH FL 33014

Title           PD  
Name           ABOU, SALMAN  
Address        1550 W 84TH ST., #50  
City-State-Zip: HIALEAH FL 33014

Title           VT  
Name           ABOU, CHADY J  
Address        1550 W 84 ST., STE 50  
City-State-Zip: HIALEAH FL 33014

Title           VP  
Name           ABOU, FADI  
Address        1550 W 84 ST., STE 50  
City-State-Zip: HIALEAH FL 33014

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHADY J ABOU

VT

04/27/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date