

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **448421** (8)

1. Corporation Name
PALACE FURNITURE & UPHOLSTERY, INC.



Principal Place of Business: **3821 NE 1ST COURT MIAMI FL 33137**
Mailing Address: **3821 NE 1ST COURT MIAMI FL 33137**

3. Date Incorporated or Qualified 04/29/1974	3a. Date of Last Report 01/19/1995
4. FUI Number 59-1536338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**ANTON, EDUARDO
2931 CORAL WAY #200
MIAMI FL**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0302 and 607.1506, 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 I accept the obligations of Sections 607.0302, Florida Statutes.

SIGNATURE	NAME	DATE
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	2. TITLE	
3. STREET ADDRESS	3. STREET ADDRESS	
4. CITY & STATE	4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. ZIP	5. ZIP	
6. PHONE NUMBER	6. PHONE NUMBER	
7. MAIL ADDRESS	7. MAIL ADDRESS	
8. CITY & STATE	8. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. ZIP	9. ZIP	
10. PHONE NUMBER	10. PHONE NUMBER	
11. MAIL ADDRESS	11. MAIL ADDRESS	
12. CITY & STATE	12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. ZIP	13. ZIP	
14. PHONE NUMBER	14. PHONE NUMBER	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee in possession of the corporation's assets. I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further agree to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes, or on an addition, with an address.

SIGNATURE: *Carlos Padron*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLOS PADRON
2-4-96 305-576-1727

CR2E034 (12/95)