

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G99983 (0)
1. Corporation Name
LE JEUNE UPHOLSTERY, INC.



Principal Place of Business: **7270 S.W. 42ND STREET MIAMI FL 33155-4506**
Mailing Address: **7270 S.W. 42ND STREET MIAMI FL 33155-4506**

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; 30

3. Date Incorporated or Qualified: **04/30/1984**
3a. Date of Last Report: **01/31/1995**
4. FET Number: **59-2403342**
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

**ALVAREZ, OSMUNDO O.
1420 SW 19TH STREET
MIAMI FL 33145**

10. Name and Address of New Registered Agent

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 607.0602 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 accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director (Typed Name)
DATE

Signature of New Registered Agent (Typed Name)
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	NAME: ALVAREZ, GERARDO STREET ADDRESS: 10018 HAMMOCKS BLVD #203 CITY, ST, ZIP: MIAMI FL	<input type="checkbox"/> DELETE	
TITLE: V	NAME: ALVAREZ, FERNANDO STREET ADDRESS: 1420 SW 19TH STREET CITY, ST, ZIP: MIAMI FL	<input type="checkbox"/> DELETE	
TITLE: V	NAME: ALVAREZ, ALEJANDRO STREET ADDRESS: 1420 SW 19TH STREET CITY, ST, ZIP: MIAMI FL	<input type="checkbox"/> DELETE	
TITLE: PC	NAME: ALVAREZ, OSMUNDO STREET ADDRESS: 1420 SW 19TH STREET CITY, ST, ZIP: MIAMI FL	<input type="checkbox"/> DELETE	
TITLE: TS	NAME: ALVAREZ, CONSUELO STREET ADDRESS: 1420 SW 19TH STREET CITY, ST, ZIP: MIAMI FL	<input type="checkbox"/> DELETE	
TITLE:	NAME:	<input type="checkbox"/> DELETE	
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11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 registered agent 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: *OSMUNDO ALVAREZ* / 1/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)