


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/30/1984	3a. Date of Last Report 01/25/1996
4. FEI Number 59-2403342	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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, GERARDO		1.2 NAME	
STREET ADDRESS 10018 HAMMOCKS BLVD #203		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, FERNANDO		2.2 NAME	
STREET ADDRESS 1420 SW 19TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, ALEJANDRO		3.2 NAME	
STREET ADDRESS 1420 SW 19TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE PC	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, OSMUNDO		4.2 NAME	
STREET ADDRESS 1420 SW 19TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE TS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, CONSUELO		5.2 NAME	
STREET ADDRESS 1420 SW 19TH STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 _____ DATE **1-6-97**

CR2E034 (9/96)