

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

FILED  
Jan 27, 1999 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-27-1999 90031 044 \*\*\*150.00

DOCUMENT # G99983

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/30/1984	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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

TITLE	V	<input type="checkbox"/> DELETE
NAME	ALVAREZ, GERARDO	
STREET ADDRESS	10018 HAMMOCKS BLVD #203	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALVAREZ, FERNANDO	
STREET ADDRESS	1420 SW 19TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALVAREZ, ALEJANDRO	
STREET ADDRESS	1420 SW 19TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	ALVAREZ, OSMUNDO	
STREET ADDRESS	1420 SW 19TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	ALVAREZ, CONSUELO	
STREET ADDRESS	1420 SW 19TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Signature Required 1-6-99 305-261-4009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)