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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M44689** (1)  
1. Corporation Name  
**8 & 47 FURNITURE, CORP.**

Principal Place of Business: **C/O WILFREDO ESCALONA 4703 SW 8TH ST. MIAMI FL 33134**  
Mailing Address: **C/O WILFREDO ESCALONA 4703 SW 8TH ST. MIAMI FL 33134**

3. Date Incorporated or Qualified: **01/13/1987**  
3a. Date of Last Report: **02/17/1995**  
4. FEI Number: **59-2762323**  
Applied For:  Not Applicable  
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

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

~~ESCALONA, WILFREDO~~  
**4703 SW 8TH ST.  
MIAMI FL 33134**

81 Name: **FLE ESCALONA**  
82 Street Address (P.O. Box Number is Not Applicable): **4703 SW 8 ST.**  
83 **MIAMI FL 33134**  
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.002 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 I agree to, the obligations of Section 607.004, Florida Statutes.

SIGNATURE: *W. De Maria Escalona*

12. OFFICERS AND DIRECTORS  
11 NAME: **Escalona, FE**  
12 STREET ADDRESS: **4703 SW 8TH ST, MIAMI, FL 33134**  
13 CITY - ST - ZIP: **MIAMI, FL 33134**  
14 TITLE: **President**  
15 NAME: **Escalona, FE**  
16 STREET ADDRESS: **4703 SW 8TH ST, MIAMI, FL 33134**  
17 CITY - ST - ZIP: **MIAMI, FL 33134**  
18 TITLE: **President**  
19 NAME: **Escalona, FE**  
20 STREET ADDRESS: **4703 SW 8TH ST, MIAMI, FL 33134**  
21 CITY - ST - ZIP: **MIAMI, FL 33134**  
22 TITLE: **President**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE:  Change  Addition  
12 NAME: **700001710517**  
13 STREET ADDRESS: **-02/08/96--01066--010**  
14 CITY - ST - ZIP: **\*\*\*\*200.00 \*\*\*\*200.00**  
15 TITLE:  Change  Addition  
16 NAME:  Change  Addition  
17 STREET ADDRESS:  Change  Addition  
18 CITY - ST - ZIP:  Change  Addition  
19 NAME:  Change  Addition  
20 STREET ADDRESS:  Change  Addition  
21 CITY - ST - ZIP:  Change  Addition  
22 TITLE:  Change  Addition

14. I do hereby certify that the information supplied with this report 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 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: *W. De Maria Escalona*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 (301) 445-6061

CR2E034 (12/95)