


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

**APPROVED AND FILED**

**95 APR 27 AM 7:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>CORPORATION ANNUAL REPORT 1995</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mathern Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000039274 (4)**  
 1. Corporation Name  
**FIN DE SIGLO FURNITURE, INC.**

Principal Place of Business	Mailing Address
<b>43 NW 41 AVE MIAMI FL 33126</b>	<b>43 NW 41 AVE MIAMI FL 33126</b>

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/02/1983</b>	3a. Date of Last Report <b>06/16/1994</b>
4. FEI Number <b>65-0448852</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
5. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**VALDES, JORGE C  
43 NW 41 AVE  
MIAMI FL 33126**

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 **FL**

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 remaining)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>VALDES, JORGE C</b>
STREET ADDRESS	<b>43 NW 41 AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33126</b>
TITLE	<b>D</b>
NAME	<b>VALDES, HAYDEE</b>
STREET ADDRESS	<b>43 NW 41 AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33126</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 no address.

SIGNATURE: *Jorge Valdes*  
SIGNATURE MUST BE EITHER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR