

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000054622 (3)**

1. Corporation Name

1800'S ANTIQUES & ACCESORIES, INC.



Principal Place of Business

Mailing Address

4666 SW 72ND AVENUE
MIAMI FL 33155
US

13145 SW 22ND STREET
MIAMI FL 33175
US

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

g. Name and Address of Current Registered Agent

**SUAREZ, RAQUEL C
13145 S.W. 22ND STREET
MIAMI FL 33175**

3. Date Incorporated or Qualified: **07/25/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0507964**
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 interjurisdictional tax under s. 199.032, Florida Statutes: Yes No

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

Signature of the person who is to be the registered agent

Signature of the person who is to be the registered agent

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	VAZQUEZ, MARIA T	13515 S.W. 23ND STREET	MIAMI FL 33175	<input type="checkbox"/>
D	SUAREZ, RAQUEL C	13145 S.W. 22ND STREET	MIAMI FL 33175	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP	15. DELETE	16. Change	17. Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)(b), 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: *Raquel C. Suarez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-96 305-6699777
DATE OF FILING FEE RECEIVED

CR2E034 (12/95)