

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

FILED

**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000050059
 1. Corporation Name
TLAQUEPAQUES DESIGN FURNITURE, INC.

Principal Place of Business	Mailing Address
9051 S.W. 142nd Avenue Miami, Fl. 33186 #1032	

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

3. Date incorporated or Qualified June 12, 1996	3a. Date of Last Report
4. FEI Number 65-0673307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Deemed	<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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

EDUARDO ZAPATA PEREZ RULFO
9041 S.W. 142nd Avenue #1032
Miami, Fl. 33186

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 FL
06 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ (Type or Print Name of Registered Agent and Title) _____ (Type or Print Name of Registered Agent and Title) _____ (Type or Print Name)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTO SALCEDO VILLALOBOS	
STREET ADDRESS	OBSIDIANA # 2643	
CITY-ST-ZIP	ZAPORAN, JALISCO, MEXICO 45060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDUARDO ZAPATA PEREZ RULFO	
STREET ADDRESS	9041 S.W. 142nd Ave. #1032	
CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CESAR ALEJANDRO CERVANTES LOPEZ	
STREET ADDRESS	MILAN # 2977 PROVIDENCIA	
CITY-ST-ZIP	GUADALAJARA, JALISCO, MEXICO 44620	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JUAN FRANCISCO JIMENEZ GONZALEZ	
STREET ADDRESS	JOSE MARIA HEREDIA #2925	
CITY-ST-ZIP	PRADOS PROVIDENCIA, JALISCO	
TITLE	MEXICO 44670	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

400002180714 Change Addition
-05/16/97--01008--037
*****165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: _____ (305) 843-5949
 SIGNATURE AND TYPE OF OFFICER OR DIRECTOR _____ Date _____ (Type or Print Name)