

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

FILED
Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000050059
1. Corporation Name
LAQUEPARQUE'S DESIGN FURNITURE, INC

Principal Place of Business Mailing Address
9041 S.W. 142nd AVE #1032 MIAMI FL 33186 *1035 S.W. 87 AVE MIAMI FL 33174*

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business <i>9041 S.W. 142 AVE.</i>	2a. Mailing Address <i>1035 S.W. 87 AVE.</i>
22	Suite, Apt. #, etc. <i>1032</i>	Suite, Apt. #, etc.
23	City & State <i>MIAMI, FL</i>	City & State <i>MIAMI, FL</i>
24	Zip <i>33186</i>	Country <i>USA</i>
25		29
		Zip <i>33174</i>
		Country

3.	Date Incorporated or Qualified <i>6/12/96</i>
4.	FEI Number <i>65-0673307</i>
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
*Eduardo Zapata Perez Rulfo
9041 S.W. 142 AVENUE
MIAMI, FL 33186.*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <i>Pres.</i>	<input type="checkbox"/> DELETE <i>Roberto Salcedo Villalobos</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>OBSIDIANA # 2643</i>	1.2 NAME	
STREET ADDRESS	<i>RESIDENCIA VICTORIA</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>ZAPOTAN, JALISCO, MEXICO 45060</i>	1.4 CITY-ST-ZIP	
TITLE <i>Vice Pres.</i>	<input type="checkbox"/> DELETE <i>Eduardo Zapata Perez Rulfo</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>9041 S.W. 142 AVE. #1032</i>	2.2 NAME	
STREET ADDRESS	<i>MIAMI, FL 33186.</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <i>Sec.</i>	<input type="checkbox"/> DELETE <i>Cesar Alejandro Cervantes Lopez</i>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>MILAN #2977</i>	3.2 NAME	
STREET ADDRESS	<i>PROVIDENCIA</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>GUADALAJARA, JALISCO Mexico 44620</i>	3.4 CITY-ST-ZIP	
TITLE <i>Treas.</i>	<input type="checkbox"/> DELETE <i>Juan Francisco Jimenez Gonzalez</i>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Jose Maria Heredia # 2985</i>	4.2 NAME	
STREET ADDRESS	<i>PRADOS, PROVIDENCIA</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>GUADALAJARA, JALISCO Mexico 44620</i>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

400002554164
-06/10/98--01015--043
***150.00

4/30/98

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.

SIGNATURE: _____ DATE: *4/30/98*

CR2E034 (10/97)