

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

amended and approved and filed

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

98 NOV 23 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091538 (6)  
1. Corporation Name

ABDEN FURNITURE CORPORATION

Principal Place of Business

228 W 29 STREET  
HIALEAH FLORIDA 33012

Mailing Address

228 WEST 29 STREET  
Hialeah FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/94

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0541118

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

7. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ESCANDELL MARISELA  
2510 W 56 Street  
Hialeah Florida 33015

10. Name and Address of New Registered Agent

81 Name

ESCANDELL JOSE

82 Street Address (P.O. Box Number is Not Acceptable)

3730 W 6th Ave

83

Hialeah Florida 33012

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]* President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/20/98

DATE

12. OFFICERS AND DIRECTORS

TITLE VP D  
NAME Escandell Jose  
STREET ADDRESS 3730 W 6th Ave-Hialeah FL  
CITY-ST-ZIP 33012

TITLE PD  
NAME Escandell Marciela  
STREET ADDRESS 2510 W 56 Street  
CITY-ST-ZIP Hialeah FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 P D  
1.2 NAME Escandell Jose  
1.3 STREET ADDRESS 3730 W 6th Ave - Hialeah FL  
1.4 CITY-ST-ZIP 33012

2.1 TITLE VPS D  
2.2 NAME Escandell Mercedes  
2.3 STREET ADDRESS 3730 W 6th AVE  
2.4 CITY-ST-ZIP Hialeah FL 33012

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*[Signature]*

CR2E034 (10/97)