

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:40

DOCUMENT # **381870** (5)

1. Corporation Name  
**EL DORADO FURNITURE CORPORATION**

Principal Place of Business Mailing Address  
**1260 NW 72ND AVENUE MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/10/1971** 3a. Date of Last Report **02/11/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 28 Zip 30 Country

4. FBI Number **59-1350886** 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**CAPO, LUIS E.  
1260 NW 72 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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>CAPO, MANUEL M</b>
STREET ADDRESS	<b>1230 S. VENETIAN WAY</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VPD</b>
NAME	<b>CAPO, CARLOS</b>
STREET ADDRESS	<b>1396 S VENETIAN SAY</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>PD</b>
NAME	<b>CAPO, LUIS E.</b>
STREET ADDRESS	<b>6610 SW 62ND AVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>DT</b>
NAME	<b>CAPO, JULIO C</b>
STREET ADDRESS	<b>1230 S VENETIAN WAY</b>
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>
TITLE	<b>SD</b>
NAME	<b>CAPO, PEDRO A</b>
STREET ADDRESS	<b>1390 S. VENETIAN WAY</b>
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>
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 an address.

SIGNATURE: **Julio Capó, Treasurer** 2/7/95 305/592-8029  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR