

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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 381870 (5)
 1. Corporation Name
EL DORADO FURNITURE CORPORATION



Principal Place of Business 1260 NW 72ND AVENUE MIAMI FL 33126	Mailing Address 1260 NW 72ND AVENUE MIAMI FL 33126-1919
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2. Principal Place of Business 21	2a. Mailing Address 26
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

3. Date incorporated or Qualified 05/10/1971	3a. Date of Last Report 02/16/1996
4. FEI Number 59-1350886	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

TITLE	D <input type="checkbox"/> DELETE
NAME	CAPO, MANUEL M
STREET ADDRESS	1230 S. VENETIAN WAY
CITY- ST- ZIP	MIAMI FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	CAPO, CARLOS
STREET ADDRESS	1396 S VENETIAN WAY
CITY- ST- ZIP	MIAMI FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	CAPO, LUIS E.
STREET ADDRESS	6610 SW 82ND AVE
CITY- ST- ZIP	MIAMI FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	CAPO, JULIO C
STREET ADDRESS	1230 S VENETIAN WAY
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	CAPO, PEDRO A
STREET ADDRESS	1390 S. VENETIAN WAY
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	1260 NW 72 AVE
14. CITY- ST- ZIP	Miami, FL 33126
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	1260 NW 72 AVE
24. CITY- ST- ZIP	Miami, FL 33126
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	1260 NW 72 AVE
34. CITY- ST- ZIP	Miami, FL 33126
4.1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	1260 NW 72 AVE
4.4. CITY- ST- ZIP	Miami, FL 33126
5.1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	1260 NW 72 AVE
5.4. CITY- ST- ZIP	Miami, FL 33126
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 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 attached report with an address.

SIGNATURE: Luis Capo 1-10-97 305/572-8089
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)