


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90059 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 381870
 1. Corporation Name
EL DORADO FURNITURE CORPORATION

Principal Place of Business 4200 NW 167TH ST MIAMI GARDENS FL 33054	Mailing Address 4200 NW 167TH ST MIAMI GARDENS FL 33054
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 05/10/1971	Applied For Not Applicable
4. FEI Number 59-1350886	
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 the current year Intangible Personal Property Tax. <input 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	
82 Street Address (P.O. Box Number is Not Acceptable)	4200 NW 167 Street
83	
84 City	Miami Gardens FL
85 Zip Code	33054

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, MANUEL M	1.2 NAME	
STREET ADDRESS	1260 NW 72 AVE	1.3 STREET ADDRESS	4200 NW 167 Street
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami Gardens, FL 33054
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, CARLOS	2.2 NAME	
STREET ADDRESS	1260 NW 72 AVE	2.3 STREET ADDRESS	4200 NW 167 Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami Gardens, FL 33054
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, LUIS E.	3.2 NAME	
STREET ADDRESS	1260 NW 72 AVE	3.3 STREET ADDRESS	4200 NW 167 Street
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami Gardens, FL 33054
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, JULIO C	4.2 NAME	
STREET ADDRESS	1260 NW 72 AVE	4.3 STREET ADDRESS	4200 NW 167 Street
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami Gardens, FL 33054
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, PEDRO A	5.2 NAME	
STREET ADDRESS	1260 NW 72 AVE	5.3 STREET ADDRESS	4200 NW 167 Street
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami Gardens, FL 33054
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	

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 change of an officer or director with an address, with all other like empowered.

SIGNATURE: _____ DATE: **1/8/99** DAYTIME PHONE #: **305-634-9700**

CR2E034 (11/98)