

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **448421** (8)

1. Corporation Name
PALACE FURNITURE & UPHOLSTERY, INC.



Principal Place of Business: **3821 NE 1ST COURT MIAMI FL 33137**
Mailing Address: **3821 NE 1ST COURT MIAMI FL 33137**

3. Date Incorporated or Qualified 04/29/1974	3a. Date of Last Report 01/19/1995
4. FUI Number 59-1536338	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	

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

9. Name and Address of Current Registered Agent

**ANTON, EDUARDO
2931 CORAL WAY #200
MIAMI FL**

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. I, the undersigned, being duly qualified under the laws of the State of Florida, do hereby certify that 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 I accept the obligations of Sections 607.009(1), Florida Statutes.

SIGNATURE	NAME	DATE
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. ADDRESS	2. ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY & STATE	3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. ZIP	4. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. SIGNATURE	6. SIGNATURE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. ADDRESS	8. ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY & STATE	9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. ZIP	10. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. SIGNATURE	12. SIGNATURE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee in possession of the corporation's assets. I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee in possession of the corporation's assets. I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an addition, with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2-4-96 305-576-1727

CR2E034 (12/95)