

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

**FILED**  
**Apr 11 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 688531 (3)**  
 1. Corporation Name  
**CONSUL FURNITURE INC.**



Principal Place of Business <b>1732 S.W. 8TH STREET C/O ANDRES CABEZAS MIAMI FL 33135</b>	Mailing Address <b>1732 S.W. 8TH STREET C/O ANDRES CABEZAS MIAMI FL 33135-3507</b>
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3. Date Incorporated or Qualified <b>09/22/1980</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>59-2024310</b>	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State Zip Country	24. City & State Zip Country

9. Name and Address of Current Registered Agent  
**CABEZAS, ANDRES  
 8890 S.W. 11TH STREET  
 MIAMI FL 33174**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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	PD	<input type="checkbox"/> DELETE
NAME	<b>CABEZAS, ANDRES</b>	
STREET ADDRESS	<b>8890 SW 11TH ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>CABEZAS, JORGE</b>	
STREET ADDRESS	<b>11 N.W. 108 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>CABEZAS, FRANCISCO</b>	
STREET ADDRESS	<b>8890 SW 11 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>CABEZAS, MAURICIO</b>	
STREET ADDRESS	<b>8890 S.W. 11 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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: Francisco Cabezas 4/4/97 (305) 643-3780  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)