

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:15

DOCUMENT # F31334 (8)

1. Corporation Name
ANTOS OFFICE FURNITURE & SUPPLY, INC.

Principal Place of Business	Mailing Address
% JUAN E CONDE 2232 CORAL WAY MIAMI FL 33145	% JUAN E CONDE 2232 CORAL WAY MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/20/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2102419	Applied For <input type="checkbox"/> 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 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
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CONDE, JUAN E
7915 SW 21ST ST.
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
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 _____
Signature, typed or printed name of registered agent and title if applicable: _____ (81) Registered Agent Signature Required (607.0505)

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	MEDEROS, ADA R.
STREET ADDRESS	2815 SW 11 ST
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	DP
NAME	CONDE, JUAN E
STREET ADDRESS	7915 SW 21ST ST.
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY - ST - ZIP	
18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	
20. STREET ADDRESS	
21. CITY - ST - ZIP	
22. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME	
24. STREET ADDRESS	
25. CITY - ST - ZIP	
26. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME	
28. STREET ADDRESS	
29. CITY - ST - ZIP	
30. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. NAME	
32. STREET ADDRESS	
33. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and checked and qualify for the corporation's status under the 1993 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: _____ **JUAN E. CONDE** 1-6-95 8589510
Signature and typed or printed name of signing officer or director Date