

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
Apr 18 1996 8:00 am  
Secretary of State

DOCUMENT # **F31334** (8)

1. Corporation Name

**ANTOS OFFICE FURNITURE & SUPPLY, INC.**

Principal Place of Business

~~10 HAYDEE ZAMORA~~  
~~% JUAN E CONDE~~  
~~2232 CORRAL WAY~~  
~~MIAMI FL 33145~~

Mailing Address

~~10 HAYDEE ZAMORA~~  
~~% JUAN E CONDE~~  
~~2232 CORRAL WAY~~  
~~MIAMI FL 33145~~



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/20/1981

3a. Date of Last Report

01/18/1995

4. FEI Number

59-2102419

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

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 **HAYDEE ZAMORA**  
82 Street Address (P.O. Box Number is Not Acceptable) **3061 NW 4th ST.**  
83  
84 City **MIAMI** FL 85 Zip Code **33125**

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]*

(Print Name of Registered Agent and Date of Appointment)

4/9/96

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	<del>MEDEROS, ADA R.</del>	
STREET ADDRESS	<del>2815 SW 11 ST.</del>	
CITY - ST - ZIP	<del>MIAMI, FL 00000</del>	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	<del>CONDE, JUAN E.</del>	
STREET ADDRESS	<del>7915 SW 21ST ST.</del>	
CITY - ST - ZIP	<del>MIAMI, FL 00000</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<b>HAYDEE ZAMORA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>3061 NW 4th ST</b>	
1.3 STREET ADDRESS	<b>MIAMI FL 33125</b>	
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>JORGE P. ZAMORA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>3061 NW 4th ST.</b>	
2.3 STREET ADDRESS	<b>MIAMI FL 33125</b>	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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 in an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 (305) 461-2000  
Date Time Phone #

CR2E034 (12/95)